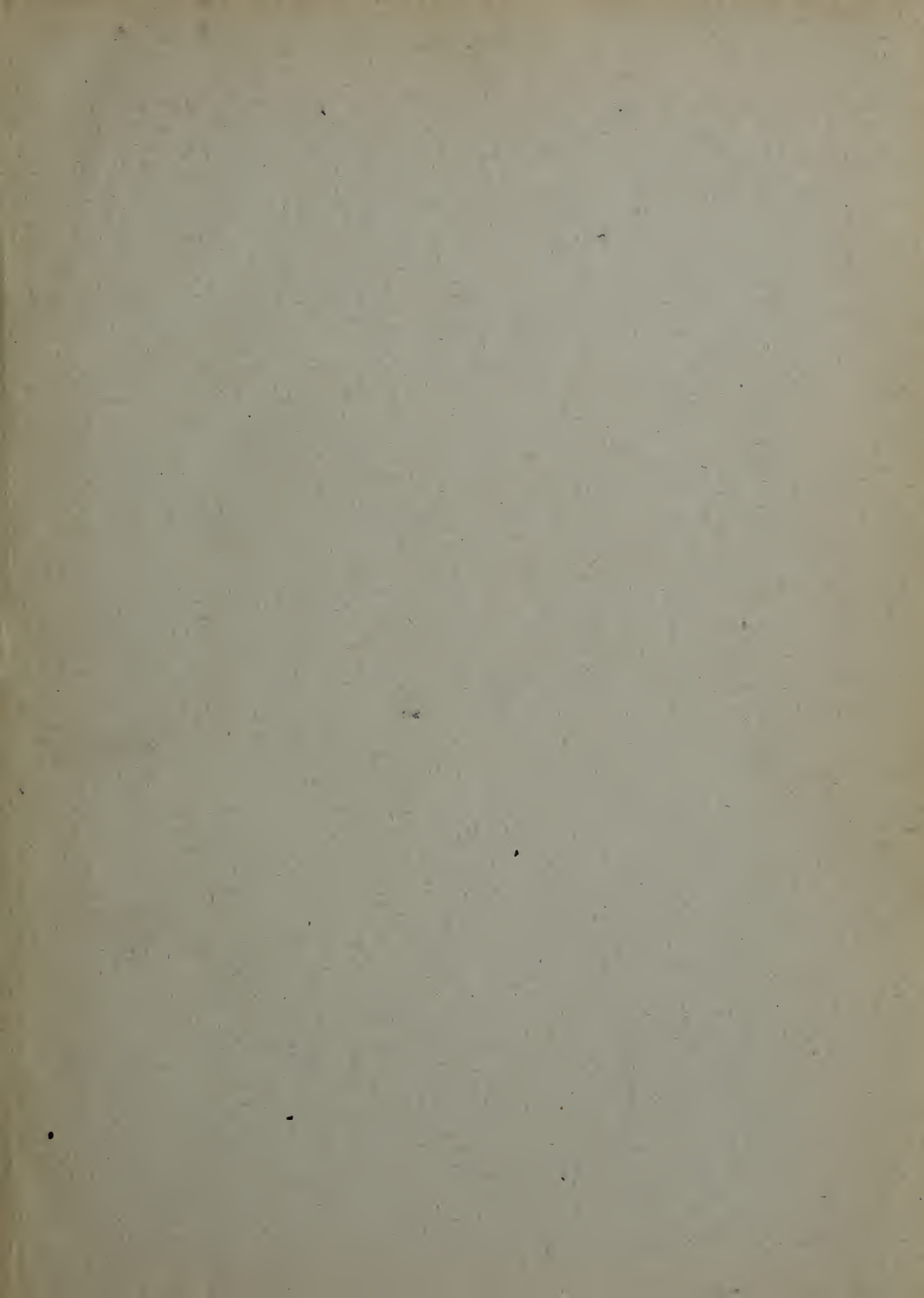
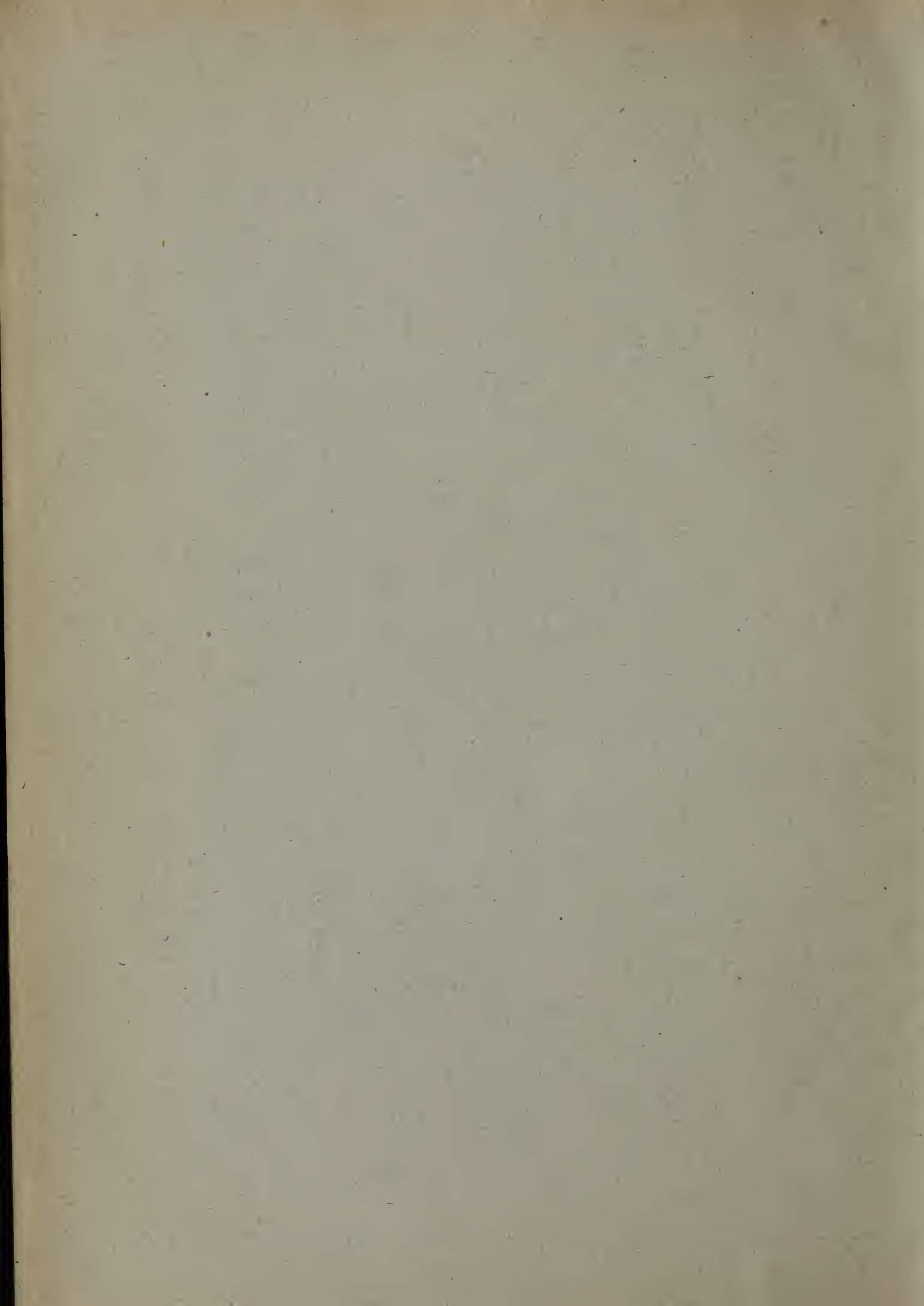




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Volume 5
Number 1

January-March
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Journal of the National Medical Association

A Publication Devoted to the
Interest of the National Medical Association and
Allied Professions of Medicine, Surgery
Dentistry and Pharmacy



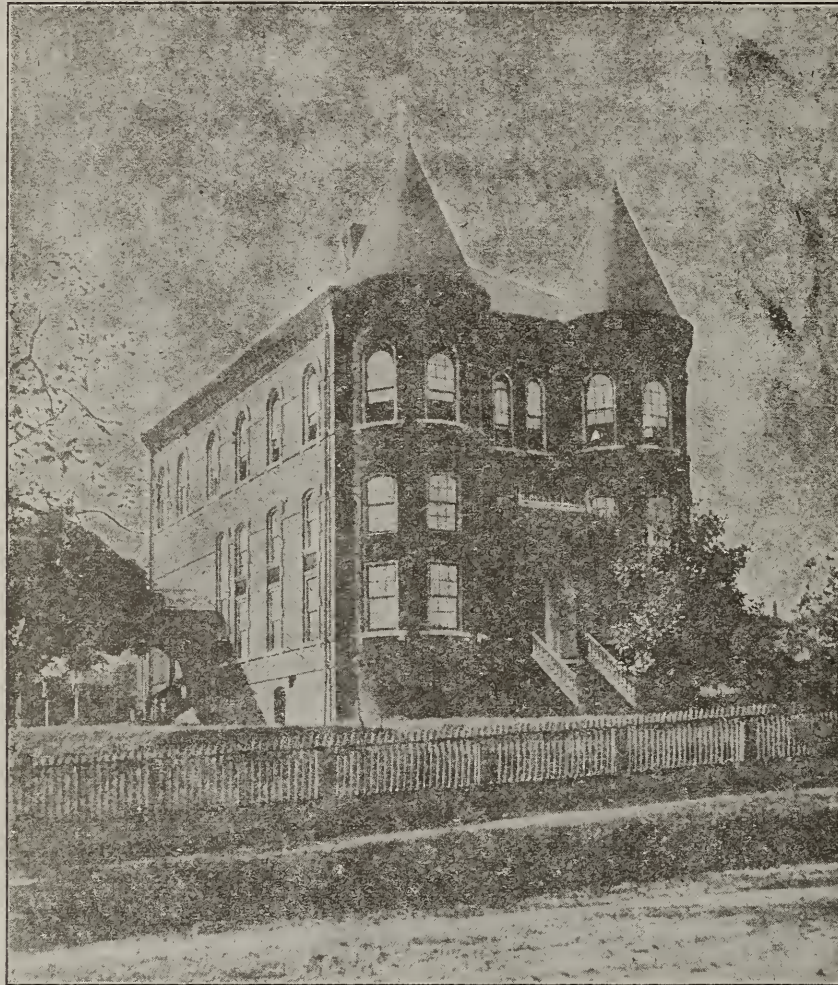
Conceived in no spirit of racial exclusiveness, fostering no ethnic antagonism, but born of the exigencies of American environment, the National Medical Association has for its object the banding together for mutual co-operation and helpfulness, the men and women of African descent who are legally and honorably engaged in the practice of the cognate professions of Medicine, Surgery, Pharmacy and Dentistry.

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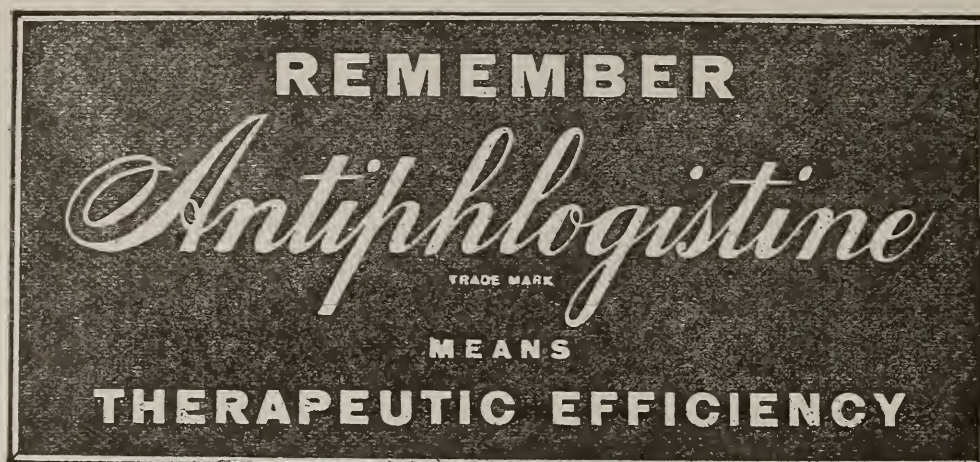
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THE RELATION OF EXTRA-GASTRIC LESIONS TO GASTRIC SYMPTOMS

*BY JOHN E. HUNTER, M. D.,
LEXINGTON, KENTUCKY

In order to make plain the subject of my paper, the main object of which is to bring out a discussion along lines pertaining to the subject, permit me to illustrate by reporting this case.

Mrs. B., age fifty-three, came under my observation and care June 23, 1912. She gave about the following history: She had been sick in bed during the latter part of the winter and all of the spring. During the early part of the winter she suffered from an attack of la grippe, which, from her history, ran the usual acute course, and terminated in what might be called slow convalescence, characterized by indifference toward food, poor appetite, coated tongue, bad and repulsive taste in mouth. This condition seemed to drift into what she called indigestion and stomach trouble. At times she vomited and was always nauseated after taking food, and, at times, suffered excruciating pains in the region of the stomach, and at the same time violent attacks

of vomiting. This line of symptoms was construed to be either perverted functions of the stomach, gastritis or some other form of gastric lesion. These symptoms were not controlled by medication conducted by her family physician. This patient came into my neighborhood to visit her sister, and during her sojourn in this section, she was overtaken by one of these attacks of pain and vomiting. I was called in to attend her in said attack. The history of the case was gone over with her carefully, and an operation was advised for the relief of the same, the probable diagnosis being a lesion of the appendix with a strong probability of gall bladder trouble. The operation consisted of opening the abdomen in the median line; the appendix, which was infected and of long standing, together with many adhesions, was removed. The gall bladder was sought, and the contents of this bottle were contained therein. The diseased or infected appendix, with its various adhesions,

*Read at 14th Annual Session N. M. A., Tuskegee Institute, Alabama, 1912

and the evil consequences wrought thereby, together with an impacted gall bladder, with these stones, and a retention of bile, caused her prolonged and unyielding gastric symptoms. These constitute, or what I call, extra-gastric lesions, as causative agents of very distressing and unrelenting gastric symptoms.

Six weeks have passed since this patient was operated upon, during which time she has not suffered from any attacks of pain, nausea, or vomiting; her appetite is good, eating with relish any kind of food, and is now about her usual work, feeling good.

This brings us to a very important inquiry as to the cause of gall stones; what are the predisposing and exciting causes of gall stones? The answer to this question takes us back to the pathological causative factors of the great majority of all diseases or lesions—that of infection. Gall stones, therefore, are the result of infectious diseases, such, for example, as typhoid fever, dysentery, la grippe, etc. In typhoid fever, we have an acute infection, principally of the alimentary tract, which may run a course and subside; but some of the same infection may reach the gall bladder along the common duct from the duodenum, second by the blood current, doubtless through the portal vein. It has been conceded by the best students, who have made investigation of this subject, that the more frequent route is along the common duct.

Gall stone formation is altogether different to that of renal calculi, in

that the former is caused by an infection, and the latter by the suspension of material coming to the kidneys. Choliths are composed principally of cholesterin, which is not a product of the bile secreted by the liver, but is a product of degeneration of the epithelial cells of the mucosa of the gall bladder produced by the infection and precipitated and crystallized in the gall bladder or the cystic duct. Therefore, my experience has been, in trying to make a diagnosis along this line, that it is of paramount importance to take a careful history of the case as far back as one, two, or even ten years, as to whether or not the patient has had any acute, infectious diseases, which might act as predisposing causes of lesions of any of the bile tracts. How often have we treated cases of typhoid fever, where the usual courses of the febrile stage have run three to five weeks, and subsided with our usual management; but when the building stage came, there would be impaired assimilation by reason of indigestion, nausea, etc., soon followed by the reappearance of the fever, chills, and finally complete exhaustion and death.

This case serves well to show some of my personal experience and observations.

Rev. J. D., a stalwart man of about forty-five years of age, contracted typhoid fever, ran a course of four weeks, during which time he was well cared for in the way of proper nursing and all directions as to medication were carried out as ordered by the writer. The patient

emerged from the febrile stage and its retrogressive changes reasonably well preserved, but, when he had reached the stage for nourishment of a more substantial nature, he had no appetite, his tongue was heavily coated, at times very much nauseated, and what food was taken did not seem to digest, and hence no assimilation. Medication was directed to correct this condition, but without effect. In the course of a short time, possibly two weeks, the fever reappeared, patient vomited, most ingestions of very digestible or predigested food, and at times had chills. Consultation was sought, the consultant being one of the older and most prominent internists of my city. His diagnosis was relapsing typhoid with malaria, or typhoid malaria. Hence, "typhoid malarial treatment" was instituted and carried out to the letter as advised by the consultant, for at least two weeks, and that without any noticeable improvement. At this time, the gastric symptoms, such as nausea and vomiting, became so very rebellious as well as hazardous, a stomach specialist was then called in for an opinion and advice. His diagnosis was some form of "gastric fermentation plus gastritis, ulceration," etc., and advised lavage and a line of feeding and the administration of a long list of digestive preparations. This, of course, was faithfully carried out. The patient withstood all this treatment well, and, in the meantime, grew worse. At this stage of our toil, the patient called my attention to a painful en-

largement in the right hypochondrium. I made a careful examination of this, all by myself and made up my mind that fluid was in it and advised its evacuation. This was consented to. An area over the most prominent part of the protrusion was infiltrated with a weak solution of cocain, and a free incision made, and possibly a half gallon of the most virulent and offensive pus escaped. Drainage was established, the cavity irrigated with an antiseptic solution for ten days, and all of the former symptoms of "typhoid malaria," "gastritis," "ulceration" promptly disappeared, and the patient from that time made an uneventful recovery.

This patient did not have "typhoid malaria," "gastritis" or "ulceration" of the stomach. He had primarily typhoid infection, which, secondarily, infected the gall bladder, which infection multiplied and was manifested by the chills, secondary fever and gastric symptoms as well. The lesion was wholly extra-gastric and all other phenomena symptomatic.

Another very prolific agent of gastric symptoms, also followed by detrimental physical consequences, is chronic appendicitis and acute as well. Digestion, as we well know, is a physiological process, depending not only for its completion upon divisions of the alimentary tract, but upon normal function of the whole tract. Unless these conditions obtain, we may have a chain of discord from the oral cavity to the sphincter ani; hence the importance of ques-

tioning the alimentary tract or organs adjacent thereto when gastric symptoms are present. The alimentary tract cannot properly prepare its food contents for digestion, absorption and assimilation without its proper physiological media—acid in the stomach and as far as the distal portion of the duodenum, where it becomes alkaline, which alkalinity aids materially in changing the fatty food preparatory for absorption. Any morbid change taking place in the alimentary tract to prevent normal functions, as sepsis, lesions, etc., will also arrest nutrition and produce gastric symptoms. An infected appendix, constantly pouring into the colon infection, principally the bacillus coli, as well as other mixed infection, and thus the contents of the bowels become subjected to all fermentative changes peculiar to certain micro-organisms; consequently, with these cases, we also have gastric symptoms, when, in fact, the cause is far remote from the stomach.

Still other conditions conducive to gastric symptoms would be lesions that lessen the lumen of the gut or retard or arrest peristalsis. An infected appendix may produce any of the above conditions and more besides—it may infect the alimentary canal and any viscus communicating with it—it may become adherent to most any abdominal viscera, pull and not only lessen the peristalsis of the bowel, but by traction, almost or wholly occlude the lumen, and thus cause a train of gastric symptoms, relief of which can only be effected by removing the cause.

Case third. Mr. C. consulted me for indigestion of three years standing, dating from what he termed three weeks illness of inflammation of the bowels. Treatment was directed to correct said indigestion, which consisted of medication and diet. This did not materially lessen or correct the trouble, although kept up for several weeks. One day the patient (and he was very patient too) came to me and said: "Doc, my indigestion is so very bad, I am now passing the seeds of any seeded food I eat through my penis whenever I pass water." Thus a diagnosis, in a manner, was forced upon me. The history of inflammation of the bowels, as the patient gave it, was ushered in suddenly with pains in the bowels, nausea, vomiting, obstipation, and continued, as the history shows, three weeks, even though three years prior, and gradually cleared up somewhat, patient convalesced, out in three weeks, but after getting around and doing light work, this man continued to have at times dull pains in the abdomen, constipated, and marked indigestion; seeds passing in the urine were pathognomonic of an adhesion of the bowels with the bladder, plus a fistulous tract connecting the two—bowel and bladder. The abdomen was opened, the distal end of the appendix was found adherent to the bladder, a communication by a tract between these organs, and thus the contents of the bowels through the appendix were partially drained into the bladder and evacuated per urethra.

Case four. Was called to see A. B., age fifty years, he having become prostrated by reason of sunstroke while in the harvest field. The history of the case revealed these facts. When in good health for two and a half years prior to the present illness, was a strong man, weighing two hundred pounds, log man by trade in the State of Tennessee. As above stated, declining health dated two and a half years back, from an acute attack of diarrhea and pain in the bowels, confinement in bed three weeks, convalesced slowly, got around, tried to follow his usual vocation, but by reason of malnutrition, preceded by indigestion, bad stomach, nausea, etc., soon became too weak to follow his employment. In order to engage in less laborious work, and also get a change of climate, he came to Kentucky and found employment. The change did not improve his stomach trouble and malaria, as he was told he had, nor did he gain any strength. Summer came and the hot weather told on him. One day while shocking wheat, he fell under the scorching rays of the sun. The following day I was called in and found patient nauseated, tender in the right iliac fossa and over the gall bladder, he having rallied from the immediate effects of the "sunstroke"—so called. These points, coupled with the history of the case of two years, gave me a clue to making a diagnosis. My diagnosis was chronic appendicitis, infection of the gall bladder, and advised an operation. To this the landlord, for whom my patient was

working, very promptly assured me that he had never heard of any one being operated upon for sunstroke, and his expression showed that he was not impressed with the idea, and likewise told me that his family physician had seen the patient the day he was overcome by the sun and pronounced it a case of sunstroke and the patient would be all right in a day or two, but being firm in explaining my diagnosis and connecting present trouble with what had been taking place for two years, the patient, his wife and the landlord as well, immediately agreed to take my advice and move the patient to the hospital, where he was operated upon the next day. Gridiron incision was made, the appendix found infected and of long standing, was removed, the incision closed. Another incision made over the gall bladder. This organ was found very much distended with a thick, mucoid substance denuded of the mucosa and adherent to the lower surface of the liver. Contents drained by incision, and the inner surface mopped out with a five per cent iodine solution, tube inserted and remained five days, patient remained in bed ten days and made a good recovery. Three weeks from the time of the operation, the patient was doing light work about the farm and had gained ten pounds, and during the latter part of the fall engaged in hard work and gained in weight. At the present time the patient is in the pink of health and weighs two hundred pounds.

Why did we operate on this man at this time? In the first place he did not have a sunstroke, but was weak from the general exhaustion caused by the infected appendix and gall bladder and by reason of this weakened condition had no physical power to resist the piercing rays of the sun. The operation was done to remove the source of infection and give the man a chance to recover.

Closely associated with the bile ducts as a causative agent of gastric symptoms are pathological conditions of the pancreas. Hypertrophy or malignancy of this organ can produce marked symptoms of gastric trouble and gall bladder as well. Certain changes of this organ will often be considered as disturbances in the digestive tract. To illustrate this point I will refer briefly to a case: Case H. S., age 55, hard working man, but an alcoholic most of his life. He gave a long history of indigestion and violent pains at times in the location of the stomach and gall bladder. He having been subjected to all forms of palliative and medical treatment to correct said trouble, an operation was advised which was consented to. An incision was made over the gall bladder which revealed that organ to be negative. Further investigation revealed a very much hypertrophied pancreas pressing against the common bile duct and almost closing it and pressing against the canal of Wirsung. The adhesions were broken up and no attempts made to remove this organ on the

grounds, as we thought, the case was inoperable and malignant as well. The abdomen was closed and a prognosis of early death made. Here is where our prognosis was bare as the patient made an uninterrupted recovery and is now four years later in the very pink of health and can eat any and everything he can get hold of and has the best digestion. Our operation, fortunately, interrupted the blood supply and nutrition of the pancreas—causing it to atrophy and lessen the pressure on the common duct and hence the patient recovered.

In conclusion, first, we would plead for an early diagnosis and removal of the causative lesion, whatever it may be.

Second, we would disabuse the idea that is common to many that the only pathognomonic sign of gall stone is jaundice, for it is usually the reverse; jaundice is only caused when there is an obstruction of the common duct either from within or without. When we have icterus we not only have a hypostatic condition of the liver by blood, but more especially by damming up of the cells by bile and a general adhesion of most of the liver cells—hence very likely in this stage an operation is contraindicated.

Third, medicines do not remove or dissolve gall stones.

Fourth, specialists on the stomach more often treat symptoms than the causes that produce the very annoying and trying gastric symptoms.

THE JOURNAL—AN ADDRESS

BY THE EDITOR

AT ANNUAL MEETING, AUGUST, 1912

This meeting will furnish material for the concluding number of the fourth volume of the Journal. As an abstract statement, four years is indeed a brief period, but when we remember that we get our notion of duration from the different ideas passing through the mind, you may gather some faint conception of the length of these four years to those who have had to keep the Journal pot boiling. A resume of the Journal's history will be appropriate here.

During the Lexington session (1904), the idea of the Journal was born, and the retiring President elected editor. The election was all the Association did towards establishing a journal. After four years meditation the editor was unable to coin this resolution into usable exchange with which to pay printers and postage. Nothing was done.

In 1908, at the New York session, the Executive Committee transferred this distinguished honor to its already hard-worked but efficient secretary, Dr. J. A. Kenney, furnishing him the same identical assets with which to begin. After much deliberation he thought he could succeed in printing and circulating the publication if relieved of the responsibility of the editorial work. With that end in view he came to Nashville to show the writer where

that distinguished honor was originally intended for him, anyhow. Dr. Kenney generously proposed to become associate editor if the original choice of the society would assume the duties of editor-in-chief. After innumerable delays and much anxiety volume one, number one appeared with the following staff: C. V. Roman, M. D., Nashville, Tennessee, Editor-in-chief; J. A. Kenney, M. D., Tuskegee Institute, Alabama, Associate Editor; W. G. Alexander, M. D., Orange, New Jersey, Business Manager; W. S. Lofton, D. D. S., Washington, D. C., Dental Editor; Amanda V. Gray, Phar. D., Washington, D. C., Pharmaceutical Editor.

At the close of the first year Dr. Kenney became Business Manager, exchanging places with Dr. Alexander. Of the original staff only three remain with the Journal. C. V. Roman, Editor-in-chief; J. A. Kenney, Managing Editor, and W. G. Alexander, Associate Editor. In addition to these the following names have been added: Dr. A. D. C. Barnes, in charge of the Dental Department; Mrs. J. P. H. Coleman, in charge of the Pharmaceutical Department, and Dr. U. G. Dailey, Associate Editor.

Without friends, without experience and, for the most part, with an indifferent clientele, the Journal entered the race for success, in our

case, an obstacle handicap. The staff and its constituency illustrated beautifully the parable of the sower, as told in Luke 8:4-15, and Mark 4:1-20.

The waysiders said at once that there was no need, nor place for the Journal and it was bound to fail, etc., etc.

The stony ground folk "heard the word with gladness," said the Journal was the very thing, etc., but would not pay a subscription for themselves, nor get a friend to subscribe, nor obtain an advertisement; they simply "withered away, for there was no root in them."

The thorn and thistle folk are the good fellows that really love the profession and wish it well and mean to work for it, but the "lusts of other things entering in, choke the word." The really intelligent doctors that always find time for lodge meetings, etc., but can never get to professional meetings illustrate this class. Some members of the staff have been in this class.

But happily for civilization and the advancement of the race, there are those "which in an honest and good heart, having heard the word, keep it, and bring forth fruit with patience."

Indifference, cupidity, and personal ambition have been the thorns in our pathway. It is astonishing the large per cent of people that are utterly indifferent to the welfare of their profession, their country and their kind. Altruism is the choicest fruit of civilization, and indicates a degree of cultural refinement at-

tained by a comparatively few. A lack of sympathy, a lack of intelligence, or a lack of opportunity, singly or in varying combinations, seems to be the cause of this condition. The medical profession is no exception, as the unanswered letters and the unpaid subscriptions in the Managing Editor's office give woeful testimony.

It is difficult to set in motion this inert mass, so discouragingly large among us. They never give the Journal nor the National Medical Association a thought; certainly they feel no sense of obligation or duty in relation to the profession. The unfortunate thing is that this attitude is often most pronounced among some of the most influential and prosperous—the very ones for whom the profession has done most. "The lust of other things" so completely possesses them that professional altruism is choked out. Thoroughly auto-centric themselves, they think all action on the part of others springs from like incentive. They impugn the motives or discredit the wisdom of any who would care for **KIND** as well as **SELF**. Their creed seems to be that of ingratitude so aptly sung by Kipling:

"What is the moral? Who runs may read,
When the night is thick and the tracks are
blind,

A friend at a pinch is a friend indeed,
But a fool to wait for the laggard behind;
Down to Gehenna or up to the Throne
He travels the fastest who travels alone.
Wherefore the more ye be hopeful or stayed—
Stayed by a friend in the hour of toil,
Sing the heretical song I have made—
His be the labor and yours be the spoil,
Win by his aid, and the aid disown—
He travels the fastest who travels alone."

Such is the creed, though unex-

pressed, that guides the selfish life. The success it brings, like the Apples of Sodom, will turn to ashes when tasted. God pity the man who cares not for the profession that made him—the doctor that travels alone.

A widespread belief obtains that there is a great deal of money in any kind of publication. This leads many to promise many great things, expecting to “get in on the ground floor” and gather in the shekels. Stony ground folk with no depth of devotion.

Again, the hope of personal magnification has attracted the ambitions of the vain-glorious.

These three classes, incredibly numerous, are of no help; and disappointment often renders members of the two latter classes active opponents.

The load is heavy, and but for the Gideon's Band that have “heard the word with patience, and brought forth fruit, some thirty, some sixty and some an hundred fold,”—but for these, the Journal could not have lived. Our future depends upon the enlargement of this class.

Can't we get one hundred and fifty men who will pledge themselves to make the Journal a go? A guaranteed fund of a Thousand Dollars a year for five years would put the Journal on its feet. Fifty men that would give ten dollars a year for five years and a hundred men that would give five dollars a year,—men that would take an active interest in the Journal, find out the actual cost of publication and

expense of getting material, etc., etc. The ignorance on this point is astonishing. I heard a gentleman explaining how little it cost to get out the Journal. He knew because he was a publisher himself, etc., etc. He got out an eight page paper with less than a column of original matter. Such a paper costs little and is worth less. Some knowledge of this kind in the constituency will help the staff against the unjust criticism of omniscient dunder-pates and thoughtless sciolists.

We ought to put a solicitor in the field, pay clerical hire, furnish the editor with a typewriter and a stenographer, and a filing cabinet; the departmental editors ought to have stamps and stationery, at least. We should aim to pay the editor a salary, eventually, that would enable him to give his entire time to the Journal.

The steady improvement in matter and form in the Journal is largely due to the faithful and unselfish assistance of my associates, Drs. Kenney, Alexander and Dailey. Dr. Barnes gives promise of making a live Dental Department and Dr. Coleman has given unselfish labor to do the same for the Pharmaceutical Department. Peace, concord and good-will have characterized the internal relations of the staff members.

The presidential address of Dr. Murphy, delivered before the American Medical Association at Los Angeles last year, aptly describes the kind of journal we need. He said: “There is still a larger field open to

this great educational organization. There are many general practitioners who are keen, earnest, industrious, overworked and ethical men, who desire and require scientific medical assistance. They are difficult and reluctant to ask for it. It should be the purpose and accomplishment of this body to deliver to them this information. The channel most available is by the establishment of a periodical, this to contain working abstracts, original articles on pathology, diagnosis and treatment of the more common ills, such as malaria, typhoid, diphtheria, tuberculosis, syphilis, hookworm, etc., brought up to date and by authorities, so that a man may have the latest information on the everyday diseases at his command. This will appeal to many practitioners who have had only a moderate amount of technical training and are unfamiliar with the more recent nomenclature. It can carry, in addition, personal news, medical economics, courses of instruction, legal decisions on medical subjects, write-ups on climate, states, cities, hospitals and men; in other words, a breezy, gossipy, personal, helpful magazine containing a large percentage of the most modern practical medical facts.

"I would recommend to the House of Delegates that a special committee be appointed to investigate and report on the practicability of such publication."

This, with suitable emendations, is the ideal for whose attainment the Journal staff has labored and hoped. Four years of earnest stri-

ving have brought it within reach, if you will but lend a hand. A quarterly publication of this nature, including our dental and pharmaceutical confreres, is now an attainable goal, if a reasonable number of us will but "suck the sweets of the affections and consuetudes that grow near us."

The Journal should be read by every respectable Negro physician, dentist and pharmacist in the United States, whatever his location, intelligence or wealth. "Read not to contradict, nor to believe, but to weigh and consider." Contact is the key to sociability, and tolerance is the fruit of knowledge. If we knew each other better we should love each other more. Familiarity with each other's difficulties will bring a willingness, yea, a desire, to cooperate.

A properly conducted periodical will do for the profession and race a very needful work that cannot be done so well by any other force, if indeed it can be done at all in any other way.

Construction is the road to respectability. "To him that hath shall be given." If our race is ever to obtain a seat in the hierarchy of civilization it will be through and by the arduous road of THINGS DONE. We must become actual contributors to the forces of modern civilization before we can hope to become members of the directorate. The Journal is an asset of the race and a bulwark to the profession. Won't you help to insure its perpetuity? Read the Journal, circulate

the Journal, write for the Journal, pay for the Journal.

Make the personal and society columns full and interesting by sending all such news promptly to Dr. Alexander,—marriages, deaths, removals, births, society meetings, promotions, appointments, etc., etc., just the facts without wind or water.

Report cases and ask questions of the editors. Send brief therapeutic items of interest, etc.

The Journal is the one force that can bind together the membership of the National Medical Association and the various state and local societies, enabling every member to attend (in spirit if not in person) every meeting, wherever held. This will produce a continuity of membership of the National Medical Association.

PRACTICAL SUGGESTIONS.

1st. The Journal should be fifty cents a copy, and a dollar and a half a year, except when paid for in the convention with annual dues.

2nd. It would be a splendid investment for the race to present copies of the Journal to the white physicians of your acquaintance, especially after discussing some article or item found in its pages. Dr. Burt of Clarksville, Tenn., Dr. Butler of Atlanta, Dr. J. Walter Williams of Savannah are some of those I recall as having set a good example in this direction.

3rd. Write our advertisers, mentioning the Journal. If possible purchase something from them, being careful to be honorable and

punctual in all transactions. This will help the Journal, the race and you individually.

4th. Read the Journal and talk about it to your friends. Many intelligent teachers, preachers, lawyers and business men will take the Journal if properly introduced to it.

5th. Pay your subscription promptly and regularly, and do not be skimpy; a dollar or two surplus will help you as well as the Journal. If you would enjoy the Journal, do something for it.

6th. Constructively criticize papers appearing in the Journal. This will greatly help you and stimulate interest in the Journal. We have published some papers that should not have escaped criticism.

7th. Notice that every number of the Journal is all new matter, and not just "boiler-plate." Expenses vary with what you furnish. I can board you cheaper from the garbage can in the backyard than I can at the first table in the dining room. The Journal readers are offered a first-class menu.

8th. Prepare manuscript on standard size (8 1-2 by 11) letter paper; have it typewritten if possible, and see that the words are correctly spelled. Printers do not know the terminology of medicine. Poor writing and bad spelling unnecessarily increase the labors of the editors. Do not roll manuscript.

In conclusion, I wish to express my grateful appreciation to my co-workers and the many personal and professional friends who, by kind words and deeds, have encouraged me

to press forward in this work. I have tried to portray actual conditions, and have intended to evince neither discouragement nor dissatisfaction. Great minds are not overwhelmed, but strengthened by obstacles. This address is meant as an appeal to the great minds in the profession, to those who love and honor their calling. To return to our parable, I mean those "which in an honest and good heart having heard the word, keep it, and bring forth fruit with patience."

When I have finished, I shall ask my associate, Dr. Alexander, to come forward and take the names of those who are willing to enlist under as noble a banner as was ever unfurled in the cause of human advancement.

While I was preparing this report a distinguished member of our profession called at my office. Without solicitation he said: "Put me down as one of the fifty who will give ten dollars a year for five years to put the Journal on its feet." I refer to Dr. Daniel H. Williams of Chicago. I was immensely pleased. Chicago has ever been kind to me. It was in Chicago in 1904 that the profession united to give an elaborate banquet in my honor as president of this honorable body. In 1911 they did the same thing for me as the editor of this Journal.

From Chicago came Dr. George C. Hall, teaching and preaching successful aseptic surgery to the men of this and other Southern States, building for himself a monument of gratitude that should outlast carved marbled or beaten brass.

In Chicago lives Dr. A. Wilberforce Williams, who has done so much for the Journal and the National Medical Association. In Chicago live Drs. U. G. Dailey and A. D. C. Barnes of the Journal staff. It was a good omen that chance brought a distinguished Chicago man to my office, just at the right time to join this noble band that I believe is going to push the battle to the gate. May God bless, prosper and unite the profession of Chicago, is my prayer.

Finally, my friends, we are at a critical period. It is our privilege to make history.

Some centuries ago, when learning was scarce and crime was abundant, there grew up on the borders of England and Scotland the following custom:

If a highwayman were captured, a difficult verse in the Bible was given him to read; and, so rare was learning, if he could read it, he was liberated; if not, he was hanged. This became known as the "Neck Verse." If he could read it he saved his neck; if not, his neck was broken.

The proposition of a successful periodical published by and in the interest of our colored medical profession is our "neck verse."

In the name of civilization, we should advance; in the name of the profession, we should serve; in the name of the race; we should lead. May we read our "neck verse" aright.

INTERESTING CASES

SERIES OF CASES REPORTED BY DR. WILLIAM G. RABY, JUNIOR INTERNE,
PROVIDENT HOSPITAL, CHICAGO, ILLINOIS

CASE L

Mr. J. K. was brought in by ambulance from Armour & Company Glue Works. He gave a history of having fallen in a boiling pot of hot water and grease. Upon examination, patient presented burns of the first, second and third degrees.

BURNS OF FIRST DEGREE

Right arm from articulation with bones of shoulder down to wrist-joint.

BURNS OF SECOND DEGREE

Left leg from a point about two inches above the knee-joint down to ankle joint; also one on lower lumbar region to right of spine; one over lower portion of right scapula.

BURNS OF THIRD DEGREE

Right leg posteriorly from a point midway the leg down to ankle joint; one over sternum.

CLINICAL OBSERVATION OF CONDITION

Patient was wrapped up in sheet saturated with picric acid for two days, then dressed with gauze roll saturated with $MgSO_4$ for one week, then continued with dressings of sterile carbolyzed vaseline. During no time of this condition did patient show any signs of nephritis, the urine being examined microscopically every morning.

The urinalysis made on the second day showed:

QUANTITY WAS A SINGLE SPECIMEN
Reactionacid
SP. GR. 1017
Total Solids.....39.61

Transparencyclear
Chloridesnormal
Phosphates.....X
Sulphates.....X
Albumenneg.
Haemoglobin.....neg.
Sugar.....neg.

MICROSCOPICALLY

Cast.....neg.
Epithelium..neg.
Blood.....neg.
Cylindroids.....neg.
Bacteria.....neg.
Pus.....neg.

Patient was put on Bashams mixture three teaspoonfuls t. i. d. Light diet for three weeks. Now patient is up and walking around awaiting his discharge; no plastic operation; burns healed up wonderfully by granulation.

CASE LI

Master W. K., age 12 years, German. Patient was brought in by police, suffering from gun shot of brain. Bullet entered the brain at a point midway the frontal bone and passed entirely through brain and lodged under skin of occipital bone.

UPON EXAMINATION

Patient was very restless; pupils were somewhat dilated and reacted to light. A large hematoma had formed over focus of exit.

OPERATION

Small incision made over bullet, and hematoma being free, probably relieved the pressure, but patient died in three days. The question is, did the freedom of the hematoma prolong the boy's life, or did the bullet glance up and follow the curvature

of the skull, thereby not interfering with the vital structures? But post-mortem showed that we were right in our diagnosis; the bullet passed through brain, shattering the optic chiasm and some of the most important structures of brain. The possibilities are the patient should have died immediately, if hematoma and bullet had not been excised. Very little hemorrhage from wound, but internally hemorrhage was great.

CASE LII

Mr. N. W., age 40. Brought in by police suffering from gun shot of right upper thoracic region.

EXAMINATION

Patient was conscious, pupils were

not dilated, but patient was restless and got much relief by sitting upon table instead of lying down. Two hours after being brought in hospital, patient had a profuse hemorrhage from wound, losing almost 3 1-2 quarts of blood inside of three minutes before nurse could warn me of the hemorrhage. Patient died one-half hour after hemorrhage.

Inquest was held. Bullet hit the second rib and glanced, puncturing the aorta and passing through lungs, leaving hole large enough for an ordinary man's fist to go in. Cases like these you cannot operate. When the bullet enters the lungs, patients usually die from hemorrhage and shock.

CONTROL OF TYPHOID

C. T. Nesbitt, Wilmington, N. C. (Journal A. M. A., January 4), describes the methods employed against typhoid in Wilmington, a city apparently without adequate sewerage provision and where typhoid fever has been endemic. The first efforts were made to secure fly destruction and resulted in checking an existing epidemic. Along with this was the effort to introduce the sanitary privy, which was strongly opposed. To prevent the annual recurrence of the typhoid epidemic the following plan was adopted: "Each sanitary closet-can, when removed for cleaning, was thoroughly scrubbed and disinfected, and before being replaced in a closet was filled to one-third of its capacity with a disinfecting solution of known typhoid bactericidal efficiency. In addition a circular letter was addressed to every physician in the city requesting him to notify the health office as soon as the symptoms in any suspected patient suggested typhoid, and to use every means in his power

to secure the screening of the patient and the disinfection of all excreta. The health office agreed immediately on notification to co-operate with the physician in his efforts to render the case innocuous. To prevent any typhoid excreta from going through the sewers into the Cape Fear River the health office was to supply every household in which there was a case of typhoid with a steel can in which the excreta from the patient might be kept and disinfected." This plan has been in operation since May 1, 1912, and with gratifying results. While there must be a number of typhoid carriers remaining, infection from current cases has evidently been prevented to a gratifying extent. During the months of May, June, July, August and September of 1912 only fifty-nine cases have been reported, as compared with 250 during the same period in 1911. The plan adopted would be of little value in large cities, but seems eminently suited to small cities and rural districts,

AINHUM OR "RING-TOE"

BY D. H. P. HOLLEY, M. D.,

KEY WEST, FLORIDA

One of the most peculiar tropical diseases I met with during a practice of twelve years in the Bahama Islands was that which the natives called "ring-toe." The analogy to a "ring" will be subsequently related.

For a long time I made fruitless search for this disease in our abandoned medical classics. Fortunately, however, the Johns Hopkins University despatched a few years ago a scientific expedition to investigate, collect and report on the fauna and flora of the Bahamas, and to collect all the data obtainable on the climate, the geology and the diseases peculiar to those islands.

The outcome of these researches, which were carried out on scientific lines, was a very comprehensive report which was published in a large octavo volume of 1,500 pages. In that report I found that this disease was designated by the name of "Ainhum."

Here are the meagre details given.

Etiology: This is unknown, but is supposed to be due either to a parasite or to be a form of local gangrene.

Predisposition: It attacks males, rather than females. The Negro race seems to be the only one at present, susceptible to this complaint, especially those who go barefoot. It matters not whether their avocation be on land or sea.

Symptoms: It attacks only the little toe of either foot. Just why this disease should confine its sphere

to that particular toe, is at present unexplainable. The prodroma are those of pain in that member, followed by heat and swelling. Presently there appears a constriction or circular depression, approximately in the region between the first and second phalanges. This constriction completely encircles the toe and seems as if made of an invisible ring; hence the local name "ring-toe." The pains seem excruciating and are paroxysmal. An attack of pains may last a few hours or a few days and then subside. These attacks recur at irregular intervals of weeks or of months. The constriction sinks deeply but slowly; the end of the toe becomes more and more edematous. There are no constitutional symptoms, such as fever, but only agonizing pains in the affected part. As time goes by the constriction has sunk so deeply that it has reached the bone itself. The invisible agency, an unknown cause, has at last, to all intents and purposes, performed a circular amputation completely around the little toe. The tumefaction of its distal end increases. The paroxysms of pain become so intense at this stage that many a time the sufferer has been known to complete the amputation by a single stroke of a hatchet or of a cutlass.

Treatment: (1) Palliative: Take Tr. Iodini, Tr. Opii Aa. q. s. Sig.: Use locally.

(2) Surgical: Amputation at the tarsal joint.

DELAYED APNEA IN ASPHYXIA NEONATORUM

Report of a Case

BY A. G. ROBERTSON, M. D.,

ENSLEY, ALABAMA

Before attempting to write upon this subject I have consulted the text books at my command, and in none of them do I find a description of the condition concerning which I am about to write, or rather the results that may be obtained in such a condition. Every physician is familiar with the condition known as asphyxia neonatorum, that condition of suspended animation just after delivery in which the infant fails to breathe because of one or more of the etiological factors being brought to bear before or during delivery; it is not, however, general knowledge that these same causes may bring about apnea after the child has breathed and cried following delivery, and a few minutes later apparently dies, with hope of resuscitation. Such, however, is the case, as I have been able to demonstrate in one instance. The mother, a multipara, had been pregnant seven times, had given birth to five full term children, the remaining two being premature deliveries; of the five full term deliveries two were still-born, both of which were delivered by the writer. In this, the last pregnancy, labor began about 5 p. m., terminated at 8:50 p. m. of the same day (July 19, 1912). L. O. A. presentation.

After delivery I noticed that, although respiration began promptly,

the child was slow about crying and when it did cry there was a perceptible weakness about the cry. It was then that my suspicion was aroused of deficient oxygenation, but as the child was breathing and crying I hoped that in a little while there would be improvement, consequently began the usual wait for cessation of pulsation in the cord. While waiting, however, I noticed that the child had ceased to cry, but upon inspecting and finding respiration still going on, reassured myself, and resumed my wait. Upon a second inspection I found that respiration had ceased and that the child was apparently dead. It was then that, prompted by that within which seems to not only impel us to action in an emergency but to determine the quality of our acts as well, I began my efforts at resuscitation. At first it seemed hopeless, but after trying several of the usual methods, including the alternate immersion in hot and cold water and artificial respiration, I was rewarded with a single gasp. This was of course encouraging, and finally by continuing my efforts, respiration was restored, the child began to cry once more, and after a while showed all the signs of a healthy baby. It was not until the next day that it occurred to me that delayed apnea, with all appearance

of death, followed by resuscitation, might be unusual. Accordingly, after consulting the works on obstetrics that I could procure, and failing to find anything bearing on the condition, I decided to report the above case.

The causes of this condition are too well known to be dwelt upon; in this particular case I think it was due to pressure upon the prolapsed cord.

As to my method of treatment I claim nothing distinctive; would suggest, however, that in alternating between the hot and cold water immersions that the child be not kept too long in the cold water, as bodily heat is essential in any case of threatened death, and I find that heat is the real stimulus to respiration, the cold water seeming to serve only as a contrast and to accentuate the effect of moderately hot water, will not give temperatures, as any physician's judgment may be relied upon as to that. Another suggestion I would offer as to resuscitation relates to artificial respiration. I believe that failure may result from being too slow in our movements to bring about the passage of air into and out of the lungs. The baby breathes faster than the adult in health, hence in resuscitating a baby, the maneuvers should be faster than in trying to revive an adult. And, too, I am inclined to think that in resuscitating the adult it will

do no harm to cause the patient to respire more than 18 times the minute, for if a person in health purposely breathes fast for a time, and then stops, it will be noticed that when breathing is stopped there is not an immediate desire for more air, showing that in fast breathing more has been accomplished than in ordinary breathing. In other words the blood in passing over the breathing-center in the medulla does not excite the desire for more oxygen. Some works on obstetrics put the number of respirations as low as five or six per minute for infants. I think that entirely too slow. My method is to manipulate with moderate rapidity, stopping every little while to give a chance for natural breathing, the which failing to appear quickly, we resume our efforts.

There are undoubtedly instances in which children will be born, live a few minutes and then die in spite of all efforts at resuscitation, but in these cases I believe the cause will be found to be other than deficient oxygenation. So I believe that, just as we make it a rule to try to revive every child born who does not breathe soon after birth unless there be signs of maceration, likewise should we try to revive a child that breathes a while and then stops without any other cause being in evidence. We can do no harm by our efforts; we may save a life.

THE RELATION OF THE DENTIST TO THE PHYSICIAN

BY O. M. THOMPSON, D. D. S.,

GREENVILLE, SOUTH CAROLINA

Mr. President, Members of the Palmetto Medical Association:

Since the day of Hippocrates, the father of medicine, the physician and surgeon have made remarkable progress, but their career has not been one continuous chain of success. Scores and scores of missing links could have been, and should have been, supplied by the services of the dentist, and when I use the word "dentist" I do not mean the "mechanical or laboratory man" who simply patterns or molds gold, silver and other metals after a given model or pattern, but I mean a man well skilled in both science and art; a man who has for two or three long years pursued the same studies and lectures that the physician has; a man who, having pursued the same studies of the physician, branched off from the main subject and specialized in the part of the human anatomy known as the mouth; in other words, gentlemen, I mean the Dental Surgeon.

Such is the character I present to you, and I shall endeavor to prove to you the necessity of a close alliance with him. It may seem the height of superfluity before this intelligent audience for me to touch but lightly on the now generally recognized and obvious necessity for better oral conditions among the

masses. A large percentage, possibly three-fourths, of the physical ills common to the human race, are due to what we eat, how we eat it and how much of it we eat. If every one would guide himself accordingly as respects these three points, the incomes of the dentist and the physician would be considerably less. Rheumatism, cancer, gout, gastritis, pyorrhoea alveolaris, constipation, hemorrhoids, nephritis, diarrhoea, and all forms of anaemia, the protean manifestations of auto-intoxication, and many other maladies take, month after month and year after year, hundreds and thousands of people. Faulty metabolism means bad assimilation; bad assimilation means bad digestion.

Bad digestion is caused either by eating the wrong thing, eating too much of what we do eat or eating what we eat in a manner which retards assimilation. If this be true, and I doubt seriously if it can be disputed, the importance of the mouth and teeth in the preservation of the health of the body has not been too elaborately discussed. As only three or four inches of the thirty feet of alimentary canal are absolutely under control of the person, the condition of the mouth and its contents loom up as a large and potent factor in the prevention

of faulty metabolism. This, gentlemen, is one of the great facts now recognized by all who have given proper thought to the subject. So long as the majority of both the dental and medical professions, and a vastly greater majority of the laity look upon the dentist as a man to simply cure toothache and restore lost tissue by artificial dentures or otherwise, the relationship between the dentist and the physician will forever remain obscure.

But when the public realizes that oral health is a large factor in the preservation of the health of the other organs and tissues of the body; when our school authorities and our lawmakers are educated to the point of knowing that efficiency in the child and adult is more often marred by abnormal conditions of the mouth and its contents than by acquired imperfections in any other one organ; and when they look upon the dentist as the one to rectify and bring about the desired oral health, and consequently the health of the body—then will the position of the dentist loom up as a co-worker with the physician. The masses, of course, will have to be educated up to this point, but the first step to be taken is to prove to the medical profession at large that the dentist and physician should walk hand in hand. The physician

needs the dentist even more than the dentist needs the physician. There are only a few instances where the physician is needed to round out the perfection of the dentist's treatment, but, gentlemen, there are but few days when the physician in general practice, and even more the specialist, would not be materially aided in their work should they co-operate with the dentist. The time has come when the obstetrician, the otologist, the rhinologist, the aurist, the genito-urinary specialist, and even the general practitioner, will be a back number if they ignore oral conditions, and truly, this is the work of the dentist. In the course of my readings I observed where a noted diagnostician of India referred about 75 per cent of his cases to their respective dentists. This goes to prove that the more intelligent of the profession are beginning to realize the position of the dentist, and it should be the effort of every medical association to instill in the minds of its members the necessity of co-operation with the dentist. Their interests and our interests are so closely interwoven, if the members of both professions can be brought to see it, that the greatest good for the human race can only be attended by concerted action.

I have received my Journal and have read it through and find that it is filled with many good things even to the brim and running over. In regards to the report of

the meeting, must say that I am delighted. Only sorry that I was not present. If possible I will be with you all in the next meeting in Nashville.

(Signed) T. L. Welch, M. D.

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price

The Unity of Medicine

EXCESSIVE credulity is a foe to stability, and unreasoning conservatism is a barrier to progress. In reading the history of medicine, one is astonished at the frequency with which credulity has swept away the landmarks of reason, and conservatism has barred the door against demonstrated facts. "*Similia similibus curantur*" as a therapeutic slogan is a striking illustration of the one, and the demonstrated fact of the circulation of the blood, a woeful example of the other. Hahnemann and Harvey were both benefactors of humanity, but very different types of men. Hahnemann belonged to that class of intellectual eccentrics who do good by indirection—bring men to know the truth by advocacy of error—force men to find old facts to disprove new theories. Harvey, on the other hand, exploded old theories by the demonstration of new facts. The one forced a re-examination of the present stock of knowledge, the other actually increased that stock. Both benefitted mankind.

The honest innovator in medicine usually falls into one or the other classification. An unintentional exaggeration of the importance of an observed phenomenon is often the cause of misstatement. This tendency to exaggeration, with the desire for notoriety and personal gain added, forms a complicating factor in all medical progress, and opens the way for the exploitation of newly discovered facts as warranting new systems of practice.

The COGNOSCENTI of medicine have long ago discarded "pathies" or "systems of practice." Sweeping generalizations in pathology and exclusive systems in therapeutics have both been discredited by time and experience. Panaceas have never won out in the court of experience when REASON was Judge. Increased light always discovers a niche in which to place newly found facts, and truth remains a unity, all branches of which are compatible and harmonious. The rotundity of the earth was eventually found out not to be in opposition to the well-known fact that unsupported bodies would fall—men found they did not know all the supports.

Homeopathy as a system of practice is dead. It survives as a cult, where personal ambition or pecuniary interests support it, or where the light of recent knowledge has not penetrated. The truths which its votaries accentuated or discovered have been absorbed into the medical lore of the world. So it was with all the medical fads and schisms that preceded homeopathy; so will it be with its contemporaries and successors.

The psychical element in human ailments has been understood by physicians as far back as medical records go; and yet medical systems and religious creeds built upon this fact always fail, because the founders seek to make PART of the facts ALL of the facts. Reaching general conclusions from insufficient data is the error common to them all.

There is a physical side to disease as surely as there is a psychical side. Ignoring either leads to error. Man has a belly as certainly as he has a brain, but man is neither belly nor brain, though partly both.

Christian Science and osteopathy are modern illustrations of these extremes. The first ignores anatomy entirely, and the second not only makes anatomy paramount, but holds anatomic abnormalities to be the whole of pathology and their correction the whole of therapeutics. "Its nosology is a lesion, its symptomatology a subluxation." Neither is right though neither is wholly wrong. There are diseases that are wholly psychic and may be cured by any of the protean forms of suggestion. The incantation of mesmerism and the prayers of Christian Science are equally efficacious. There

are diseases that are so grossly anatomic that mere manipulation will readily effect a cure, but this is not all—there are diseases (the itch for instance) that fall wholly without either classification.

The truly balanced mind reaches conclusions by considering all available facts and seeks the unity of truth by **TAKING THINGS AS THEY ARE**, not as he thinks, *a priori*, they ought to be.

Conjectural pathology and schismatic therapeutics will not again obscure the demonstrated facts of rational medicine unless humanity retrograde. New phases of truth will be accepted as progress, and not denounced as revolution. Facts will go at their face value, and seats in the temple of thought be pre-empted by merit only—*a priori* conceptions will not preclude demonstrated facts. **CHIROPRACTIC** with its absurd contentions of an exclusively vertebral pathology will get a hearing, and **SPONDYLO-THERAPY**, with its specious arguments in support of the potency of spinal reflexes in the causation of all manner of disease, will get no more. The facts of each will be appropriated and no new system will be founded—**THE DAY OF PATHIES IS DONE**. There is but one science of medicine—to know disease; there is but one art of medicine—to prevent or cure disease.

Our Age

THIS NUMBER begins the fifth year of the Journal's existence. On another page in this issue will be found a sketch of the Journal's history as given by the editor in his address before the Association at its last annual meeting.

The Poisonous Factors in Tobacco

RECENT investigation seems to prove the most dangerous factor in the cigarette is not the nicotine, of which there is very little, but the irritant aldehyds, of which there is a great deal in the cheap cigarette. The most deadly of these is the aldehyd furfural, a substance to which many attribute the deadly effects of cheap liquors. Thus, it appears that cheap tobacco and cheap whiskey are one in chemical poisons as they are in physical destructiveness and moral virulence.

We wish to call our readers' attention to the value of the contributions of our associate, Dr. U. G. Dailey. They will richly repay careful reading.

NARCOSIS and ANAESTHESIA should be used in place of general anaesthesia and local anaesthesia, respectively. It would tend to simplify the overburdened terminology of medicine.

There is scarcely a symptom of disease but is susceptible to more than one interpretation. It is the symptom complex that makes medical diagnosis possible. When rightly understood this possesses an individual distinctiveness that amounts almost to personality. In a certain sense there is a personality of disease as well as a personality of the patient. These act and react upon each other in almost endless permutation. The ability to read and understand the interaction of these personalities constitutes an important item in the skill and experience of a physician.

Modern civilization is complicating our thinking as much as it is our living. (It will eventually be as difficult to be happy as it is to be comfortable.)

Laboratory medicine is drawing a sharp distinction between HEALTH and IMMUNITY. Physical vigor and correct habits are no longer to be considered a sufficient barrier against disease. The following from the editor of the BACTERIAL THERAPIST is calculated to disturb one's mental equilibrium:

"Many people have an idea that a 'healthy' person can withstand infections and that not withstanding them is evidence of some inherent weakness existing in the individual which places him below a proper health standard. Such a requirement would place practically every human being below a normal health standard because none of us are in a position to withstand all the various infecting organisms known to cause disease in man. The vast difference of being healthy and immune to infecting organisms has long been recognized by bacteriologists. Everyday experience gives us numerous examples. In a family of children exposed to scarlet fever the most robust may have a severe attack and die, while a less healthy member of the family may escape the disease entirely. Typhoid fever does not usually occur in the weakest member of the family, and pneumonia often occurs in people enjoying perfect health prior to the attack. Measles and mumps are known to run a more severe course in adults than in children, not because adults are less healthy but because they have less resistance to the germs causing these diseases. So in considering health conditions, the

problem of immunity and avoiding disease producing germs should be constantly kept in mind. Isolation and disinfection will accomplish much in limiting and possibly eventually eliminating contagious diseases, but in diseases caused by the pus organisms, immunization, from the universal prevalence of these germs, must constitute the most important factor in controlling diseases. By immunizing against colds many cases of bronchopneumonia, pneumonia and pulmonary tuberculosis will be avoided. The ravages of infected wounds and puerperal sepsis may also be avoided by early immunization against the pus organisms causing these infections.

"Correct habits of life are important factors in maintaining health, but where possible disease germs should be avoided and where infections exist or are liable to occur, immunization should be practiced."

OBITER DICTA

Rheumatism is an infection entering the system frequently, if not usually, through the lymphoid tissue of Waldeyer's ring.

Mechanical obstruction or disease or both are the only justification for tonsillar operation. This applies equally to the pharyngeal and faucial tonsils.

Failure to follow up tonsillar and adenoid operations by proper medical treatment, constitutional and local, is the most frequent cause of disappointing results.

Eye strain is produced by low degrees of refractive error much oftener than by the higher forms. This is especially true of hyperopia and astigmatism.

In the treatment of children there is more necessity of knowledge of detail than in the treatment of adults.

An unsanitary church is just as much a menace to health as an unsanitary street car.

Green is Nature's favorite color. She robes Spring in varying shades, thereof, and upon this same sheen as a background she paints the glories of Summer. She seems partial even to metaphorical or intellectual green. Babes and fools have her especial care, according to the ancient saw.

Some people are so evenly dull as to never offend nor interest anyone.

"To him that hath shall be given" is as applicable in the moral and intellectual worlds as in the financial.

Man is three-fold, what he thinks he is, what the world thinks he is, and what he really is. The identity of each is often sharply differentiated and they may be entirely unknown

to each other. Hence the difference between what we think of ourselves and what others think of us. Neither knows nor understands what the other loves or hates. To "see ourselves as others see us" is wisdom high and virtue rare.

A life that is too intensive cannot be extensive. Doctors form no exception.

Renounce the impossible and co-operate with the inevitable and your life will be tolerable if not actually happy.

It has been calculated in figures by those curious that only five per cent of the men who, in one way or another have left their "foot prints on the sands of time," had the advantage of wealth as a starter.

The door through which advice obtrudes itself is often the exit of friendship. A doctor should be

cautious how he gives free medical advice unsought.

Medical papers and addresses should be distinguished for facts rather than eloquence. There may be a place for the "Mellifluous voice caroming among unscalable peaks of glittering metaphor and rolling down deep, dim abysses of meaningless emotion," but a medical society is certainly not that place.

How many doctors think to make a thorough examination of the stomach in case of pain between the scapulae?

A difference between tastes in jokes puts a severe strain on friendship.

Does an increasing preponderance of females presage racial decay?

Coughs frequently originate outside the thorax. The routine prescription of ready made cough syrups is poor practice.

NEGRO PROGRESS IN FIFTY YEARS

During the past fifty years there has been a rapid increase in the wealth of the Negroes in the South. This increase has been especially marked in the past ten years, during which time the value of the domestic animals which they own increased from \$85,216,337 to \$177,273,785, or 107 per cent; poultry from \$3,788,792 to \$5,113,756, or 35 per cent; implements and machinery from \$18,586,225 to \$36,831,418, or 98 per cent; land and buildings from \$69,636,420 to \$273,501,665, or 293 per cent. From 1900 to 1910 the total value of farm property owned by the colored farmers of the South increased from \$177,404,688 to \$492,898,218, or 177 per cent.

In 1863, the total wealth of the Negroes of this country was about \$20,000,000. Now the total wealth is over \$700,000,000. No other emancipated people have made so great a progress in so short a time. The Russian serfs were emancipated in 1861. Fifty years after, it was found that 14,000,000 of them had accumulated about \$500,000,000 worth of property or about \$36 per capita, an average of \$200 per family. Fifty years after their emancipation only about 30 per cent of the Russian peasants were able to read and write. After fifty years of freedom the ten million Negroes in the United States have accumulated over \$700,000,000 worth of property, or about \$70 per capita, which is an average of \$350 per family. After fifty years of freedom 70 per cent of them have some education in books.—Southern Workman.

SKETCHES FROM LIFE

"A tale should be judicious, clear, succinct;
The language plain, and incidents well linked;
Tell not as new, what everybody knows.
And, new or old, still hasten to a close;
There, centering in a focus round and neat,
Let all your rays of information meet."

Katharine's Kindness

Katharine is two and a half years old. Her father came home one afternoon, after working three days and three nights at high pressure, with almost no sleep. He lay down with the feeling that he did not want to wake up for a week. Half an hour later, from the depths of his dreams, he heard a small, clear voice, "father!"

The sleeper stirred, and turned his head on the pillow.

"Father! father!"

He stirred again, and moaned.

"Father! father!"

He struggled and resisted and floundered, and finally raised his eyelids like a man lifting heavy weights. He saw Katharine smiling divinely beside his couch.

"Father! father!"

"What is it, daughter?"

"Father, are you having a nice nap?"—
Youth's Companion.

Convincing Argument

Pianos on the instalment principle was his line. You pay one-and-six a week and torture the neighbors.

As he knocked gently at one door, he suddenly remembered he had been here before and received a curt refusal. This time it was different.

"Oh, it's you again, is it?" asked the housewife cordially. "Come in, won't you?"

Full of hope, he entered, and followed her down a dimly lighted hall. She threw open a door, and he walked in, to hear the key click sharply in the lock behind him.

He was locked in a room with five children all howling, who beat even their own records at the sight of a stranger.

And the woman resumed her washing.

An hour later she came to his rescue.

"Now," she said sweetly, "if you still think I need more music in this house I am ready to listen to you."

But he had gone before she had finished.
—New York Mail.

A Fable Love Story

At the approach of Valentine Day last year I offered a prize of \$5.00 to the little boys of my Sunday school class for the best short love story. I have one of the stories here, and I am going to read it to you.

Mr. McWade then read:

"A poor man fell in love with a lady whose mother was a rich toy dealer. The poor man could not marry the rich lady because he had no money. A villain then offered him \$50.00 if he would become a drunkard. The poor man wanted the money to get married with, so he agreed; but when he got to the beer saloon he said: 'No, I will not become a drunkard, even for great riches.' On the way home he found a bag of gold. So the young lady married him. It was a splendid wedding and the next day they had twins."

"Moral: Virtue is its own reward."

When Trouble Comes Around

When Trouble knocks hard on my kitchen door,
I don't git up an' answer no more;
I set right still till his han's git sore.

Years ago, when I was young an'
thin,
I uster git up an' ask him in,
An' listen to all the yarns he'd spin.
An' I'd think all day, an' I'd dream all
night,
Till I didn't hev no appetite,
An' I couldn't work an' I couldn't fight.
Then I woke one day with an awful
start,
With a change of head an' a change of
heart,
An' I laid fer trouble to play my part.
When he come along an' he saw my
eye,
He turned 'way out fer to pass me by;
An' I held my head up bold an' high.
So now when he knocks at my kitchen
door,
I git my club an' I cross the floor;
But trouble don't hang around no more.
—Joe Cone, in Century Magazine for July.

Optical Illusion

"I must congratulate you on your boy
Josh," said the old friend. "I thought
from what you said he was inclined to put
on airs and despise work."

"Well," replied Farmer Cornlossel,
"has anything happened to make you
change your mind?"

"Certainly. He must be a great help to
you. I saw him the other evening going
down the road with a big straw hat and
overalls and carrying a pitchfork over his
shoulder."

"Oh, yes," replied the farmer with a
sigh. "Your mistake is only natural.
Josh was going to a costume ball."

The Last Hope Gone

My small niece, aged four, came running
into the room where her mother and I were
sitting.

"My dolly's sick," she said, "and I
don't know what's the matter. I gave her
water and she can't swallow that; the doc-
tor gave her a pill and she can't swallow
that."

"Then," said I, "I don't see but what
you had bet'er try Christian Science for
her."

"We tried it," said she, "and she can't
swallow that."—Wisconsin Medical Re-
corder.

"Astigmatism," teacher wrote, "is just
what ails this lad.
Please kindly tend to him at once.
As he is very bad."

Dad answered back: "Of Johnny's fault
I am sure I never knew.
I licked him good for—what you said.
Now see what you can do."

Bumble Buzzers

Life's Too-Muchness

We work too much,

We play " " "

We shirk " " "

We say " " "

We eat " " "

We drink " " "

But never, never

Think too much.

—Washington Star.

We sleep too much,

We run " " "

We weep " " "

We pun " " "

We boast " " "

We rave " " "

But never, never

Save too much.

—Denver Republican.

We nag too much,

We fear " " "

We brag " " "

We sneer " " "

We want " " "

We go " " "

But never, never

Know too much.

—Grand Rapids News.

Obedient

A mother led her six children to the
apple tree. It had borne but a single ap-
ple—no longer visible to the casual observer.
"I told you not to pick that apple,"
she said sternly.

"We didn't pick it," the children an-
swered in chorus. And the oldest girl
added, in an injured tone: "You can see
for yourself that it's still on the tree, I—I
mean—the core is. We only climbed up
on'—an' took a bite once in a while. We
didn't pick it!"—Youth's Companion.

Or the Tick, Maybe

"What animal," said the teacher of
the class in natural history, "makes the
nearest approach to man?"

"The flea," timidly ventured the little
boy with the curly hair.—Chicago Tribune.

OF INTEREST TO DENTISTS

BY R. C. BROWN, D. D. S., Editor
RICHMOND, VIRGINIA

EDITORIALS

NINETEEN THIRTEEN

Colleagues, Doctores Dentalis Chirurgiae:

The year 1913 has greeted you, and now speeds along its way. Likely, you have recounted the experiences—personal and professional, pro and con, debit and credit—of its predecessor, taken your inventory for the new cycle of days, and are busily engaged in the making of another year's record.

We trust that the balance on all accounts brought forward was a substantial and encouraging one, and that the fourteenth segment of the twentieth century will augment these "assets on hand January 1, 1913," and contribute greater health and happiness, success and prosperity to your careers.

May your good fortune increase as the days lengthen and brighten into the fullness of the summer's glow, and when the new year wanes to old, and the night and chill of bleak December lay greater claim upon the day, may the closing hours of 1913, as it passes, leave the star of your most sanguine hopes and aspirations, not bedimmed, and still in the ascendancy.

WHAT ARE YOU GOING TO DO ABOUT IT?

The "Of Interest to Dentists" section of the Journal of the National Medical Association needs the assistance of the profession in chronicling the activities and "signs of the times" of this specialty and its devotees.

In entering upon the arduous—and someone puts it, "you're welcome to it"—task of raising this section to the plane of dignity and intelligence it might easily command, we cannot come with praise and commendation for the indifferent attitude of our colleagues in fostering this single publication in which they may enjoy free expression of thought and interchange of views; nor yet do we bring reproach or critical review of the prolonged and non-productive siesta which has suspended the literary activities of our colleagues, taken a great world-wide profession into the "sanctum sanctorum" of individual practice, and shut out the beneficent results which might accrue from a dental brotherhood.

Rather do we come with appeal to your several abilities and your

professional enthusiasm. The opportunity for co-operation and assisting in the growth, not alone of the Journal, but of the profession at large, as well as increase in your own stature, is fraught with great possibilities. What can you do, you ask. Many things, and well. The profession has not a single man enrolled who cannot, if he but try, give to a quarterly journal an item of operative or prosthetic procedure, a report on a society meeting, an original communication, a few social briefs, personal or of the colleagues of his clime, some incidents of every day office practice, a review of successes, or a confession of perplexities and failures—we all have these skeletons in our professional closets under Yale lock and key—in short, the list is limited only by his desire and sense of fraternal duty. What will it profit you? Much! First, you do a great service to the profession, and to its official organ, the Journal of the National Medical Association. To serve, and serve well, is more ennobling than to be served. Efficient, willing service secures the strongest ties of brotherhood.

Next, you train yourself for larger usefulness. The dental surgeon and oral hygienist is a public benefactor. He is consulted for opinions, and asked to review conditions which fall under his specific care. It might be a consultation, a lecture, an address, a thesis; sometimes, expert testimony in courts. Woe is he who finds speech and thought irresponsible. The moral? This: Get the literary trend. Write and

talk upon your activities. Get the habit of expressing yourself. Subconsciously, there will come about a gradual development which will pay you manifold for your efforts.

Et cetera, et cetera. The Journal affords the opportunity. It needs you; you need the Journal. I do not prophesy. We shall see what we shall see.

What are YOU going to do about it?

SOME REASONS WHY YOUR NAME SHOULD BE WRITTEN THERE

ON THE LIST OF THE SUBSCRIBERS
OF THE JOURNAL OF
THE N. M. A.

1. It is yours—a periodical of the problems and the achievements of the Negro in medicine and the allied branches.

2. It gives you a voice of inquiry or report or discussion which will reach your colleagues throughout the land.

3. It is first-class, progressive, and creditable to the profession.

4. It has great possibilities. You should help to develop them for your own sake and for the sake of the Journal.

5. The Negro is in the limelight of relative health and disease conditions. The Journal is an excellent medium through which to get together on these problems and adjust them, eradicating true indictments and refuting false ones.

6. The Journal is the official organ and record of our national representative body, no mean assembly.

7. Your subscription fee will aid in the solution of the Journal's most pertinent soliloquy—to be, or not to be.

PERICEMENTITIS

*By W. ALEXANDER COX, D. D. S.,
CAMBRIDGE, MASSACHUSETTS

Mr. President, and Members of the Dental Section of the National Medical Association:

I assure you that it is with no small degree of pleasure that I answer the call of our committee to make my insignificant contribution to the work in which we are engaged in keeping pace with the rapid development of scientific discoveries in which our profession is enveloped.

Although being in actual practice for more than fifteen years, my time has been, from necessity, so completely invested in the practical side of the work as to result in my becoming somewhat deplete theoretically. Therefore, it is not my intention to lead you into anything novel, intricate, or out of the ordinary line of thought. My endeavor has been to arrange a few thoughts as they have been suggested to me, as a matter for review, and to refreshen your memories on Pericementitis.

Pericementitis is a lesion which involves the peridental membrane, and in my judgment, next to dental caries, is the more prevalent and most formidable that the dental surgeon has to combat; not so much in itself, however, but in its termination, always resulting, if not checked, in the loss of the tooth.

The peridental membrane occupies a very minute portion of the

alveolar cavity, being situated between the root of the tooth, and the walls of the sockets of the alveolar process of the maxilla, forming a lining and cushion in the Gomphosis joint, analogous to the cartilage which is found in the other articulations. It consists of the white fibrous elastic tissue of the fibro-cartilage type and forms the support for the nerves, arteries, and veins, which impart sensation and constitute the circulation of blood supply to the alveolar cavity and exterior of the tooth.

It is important to remember that the peridental membrane is highly vascular, composed largely of nerves and closely confined within bony walls, and that, when rendered abnormal by the invasion of pericementitis, the membrane thickens, becomes hypersensitive, and forces the tooth out of its socket. This elongation of the tooth is one of the chief symptoms of true pericementitis. Like all other morbid phenomena, to which the human system is susceptible, pericementitis appears in different forms, has various stages of development, has several classifications, and results from innumerable causes, giving us for consideration cervical, circumscribed, apical, diffused, and phagedenic pericementitis. To these, more recently have been added, "calcic pericementitis,"

*Read before the Dental Section of the N. M. A., at its 14th Annual Meeting, Tuskegee Institute, August, 1912

"pyalogenic pericementitis," and "hematogenic pericementitis."

Pericementitis is divided also as non-septic and septic pericementitis. Both are inflammatory conditions of the peridental membrane, differing largely as to the exciting agents, which may be responsible for the pathological impairment. Septic pericementitis is produced by pathogenic bacteria, poisonous ptomains, and irritating gases which have escaped from putrescent or septic root canals. There are two classes of irritants by which non-septic pericementitis is produced, viz: drug and mechanical irritants.

The simplest and most numerous form is the "cervical pericementitis," a mechanico-physiologic condition, appearing just below the gum margin at the cervix of the tooth and the termination of the peridental membrane and the enamel of the tooth.

The etiology of this form of pericementitis is, in almost every instance, mechanical. It results from particles of food being lodged between the teeth, the accumulation of salivary calculus around the necks of the teeth, brushing the teeth, the use of dentifrices containing petrous granules, scraping and scaling the teeth with dental instruments, the application of the rubber dam and ligatures, polishing fillings with strips and disks, filling material overlapping at the cervix, clasps on artificial dentures, poorly fitted metal crowns, and by the injudicious use at the gum margin of medicinal agents of the escharotic class.

The symptoms are, an unnatural

feeling in the gums which develops into a slight, disagreeable gnawing and almost unnoticeable pain which intensifies as the disease progresses. The gum margin presents a deeper redness, and when salivary calculus is present, it inclines to a blue tint. The tooth variably responds to thermal changes, but invariably to horizontal percussion; this being the differential diagnosis between "cervical pericementitis" and gingivitis. The successful treatment of "cervical pericementitis" depends upon the celerity in making a complete disposition of the irritants. This accomplished, and there being no other unfavorable complications to combat, Nature will speedily effect a cure.

If allowed to go unchecked, cervical pericementitis will shortly develop "circumscribed pericementitis." This form involves the whole membrane. It results also from mechanical violence, which may jar or move the tooth in its socket; such as the careless use of the forcep in the extracting of an approximal tooth, mal-occlusion, non-occlusion, improperly articulated artificial dentures in contact with the natural teeth, and filling materials remaining too prominent on the occluding surfaces. The number of cases of "circumscribed pericementitis" is greatly increased through the impatience of the dental surgeon with obstinate cases of orthodontia, and through the indiscriminate use of separating devices.

The attention of the patient is drawn to this form of pericementitis by a sense of fullness and periodical

fits of soreness of the affected tooth, with sharp, lancinating pains during the process of mastication. As the inflammation develops, the pain becomes continuous and very annoying. The tooth is elongated, owing to the dilation of the membrane, while the pain occasioned by percussion is of such intensity as to cause a patient to shriek with agony. In its early stages, the tooth will respond to thermal changes. Circumscribed pericementitis may be successfully treated by correcting the irritating abnormalities, and the careful use of counter-irritants.

Apical pericementitis, a malignant form of this affection, is in reality a condition premonitory of an acute alveolar abscess. While it may result from cervical and circumscribed pericementitis there are conditions, entirely independent of either, which are responsible for it. It involves the thickest portion of the membrane and at the point where it receives the full force of mastication, the apex of the root of the tooth, from which it takes the name of apical.

The symptoms: The gum has receded and presents an appearance of rubifacieny. It is slightly but not apparently indurated. The tooth is very sensitive to cold, slightly loosened and exceedingly sore, making it quite impossible to close the jaw. The pain is periodical, becomes pulsating and most severe at night on retiring. Often it involves the entire Trigeminal nervous system, presenting the various symptoms of neuralgia.

The causes of apical pericemen-

titis are very difficult to determine; therefore a general line of treatment is inadvisable, as the pulp must be dead before it can develop. The first suggestion is the removal of the pulp and treatment of the root canal. In all cases resulting from pathogenic bacteria, poisonous ptomains, and irritating gases, which have escaped from putrescent pulps and septic root canals, this suggestion should be consistently followed.

Should the tooth be filled, attention should be given to the condition of the filling. If too prominent on the occluding surface, it should be reduced. Every precaution must be taken to discover and remove external causes in preference to removing the filling in search of internal ones, because the injury in consequence of the removal of the filling is often more disastrous than the disease. Where the root canals are filled, it is perplexing to determine the nature of the cause. It may be that the filling material protrudes at the apex of the tooth, or the fractured part of a nerve canal instrument left in the canal protrudes into the apical space. The treatment in this case is preventive rather than curative, and the dentist can, at least among his own patients, see to it that his canal fillings do not protrude into the apical space, and if he should be so unfortunate as to fracture an instrument in the canal, make sure that every particle is removed before closing up the canal.

When pericementitis reaches the stage of diffusion, its prognosis is doubtful. It is usually incurable.

It is in its chronic form and the peridental membrane is in a gangrenous state. As the peridental membrane becomes devitalized, its function is suspended. The tooth being deprived of its only source of nutrition becomes necrosed, and as a foreign substance, is exfoliated from its socket.

For symptoms: The pain has abated, and generally is entirely absent. The gum is congested, of a bluish red hue, and has receded, leaving the root of the tooth considerably exposed. There is the presence of salivary, serous and sanguinary calculus. The tooth is loose, and in extreme cases, is sore to the touch, and may be readily moved with the tongue. The best results may be obtained by treating internally through the system, not overlooking any possible assistance which may be rendered by the local treatment of tooth and gum.

"Phagedenic pericementitis" is closely associated with scurvy, pyorrhea alveolaris, and mercurial salivation. It involves the alveolar process as well as the peridental membrane. The membrane is diffused away, and for want of nutrition, the alveolar walls become necrosed and waste away, leaving the tooth supported by the ragged edges of the alveolar process. It results from the simplest forms being neglected and allowed to develop, and from a general septic condition of the blood. Pyalogenic, calcic, and hematogenic

are names coined to suit the fancy of the modern discussers of the subject.

The peridental membrane is the only source of nutrition for the exterior of the tooth. The death of it means the inevitable loss of the tooth. It is important that the dentist before dismissing a patient should satisfy himself that it is in a perfectly healthy state, and that no conditions, to his knowledge, exist which are apt to result in a recurrent attack of the disease.

As to the extraction of these teeth, it is absolutely unnecessary in the acute stages of the disease. In the more pronounced stages where the disease has assumed a chronic character, extracting may be resorted to. Unfortunately, however, this is not always a solution of the problem; for if there be much osteomyelitis and the roots of the tooth be firmly imbedded, it is rather a dangerous procedure to extract during the developmental period, owing to the possibility of a complicated infection resulting often in necrosis. In treating and filling root canals, it is a dentist's moral obligation to establish and maintain through the operation, asepsis. You will agree with me in saying that a careless disregard of this one principle is most frequently the cause of pericementitis; for certain it is, that the more closely we approach absolute asepsis, the less pericementitis we have.

SOCIETY REPORTS

THE ROBERT T. FREEMAN
DENTAL SOCIETY

DISTRICT OF COLUMBIA

With Dr. C. C. Fry, president, in the chair, and residential and honorary members assembled in the cozy reception parlors of William's Cafe, Washington, D. C., the curtain was raised upon the 1912 annual meeting of The Robert T. Freeman Dental Society of the District of Columbia.

The gavel falls, the secretary opens his portfolio, and soon the executive session of the society is in full swing. Minutes, reports of officers and committees, affairs literary and financial, follow in regular and well-timed order, and attest the well-being, achievements, and prosperity of the association during the closing year. There is evident and expressed gratification, and very apropos—'tis the closing evening of the week of Thanksgiving.

The roll-call was responded to by the following members: Residential—Doctors Barrier, Butcher, Cherry, Edwards, Francis, Frazier, Freeman, Frey, Fry, Gaskins, Gray, Gwathney, Hamilton, Lofton, Naylor, Tancil, Walker, Washington, Wilson, C. S. Wormley, R. C. Wormley. Honorary—Drs. Ferguson, J. M. G. Ramsey, and Brown of Richmond, Virginia. Others present were Doctors Anderson and Avery, of Baltimore, Maryland, and O. R. Johnson, of Petersburg, Virginia, and Mr. Oliver Randolph, special press

correspondent. The Robert T. Freeman Dental Society has the distinction of being the largest association of colored dentists, and is a well-organized and progressive federation.

The next order of business was the election, and in acknowledgment of a successful regime, the following roster of officers was re-elected: Dr. C. C. Fry, president; Dr. A. E. Gaskins, vice-president; Dr. George H. Butcher, secretary; Dr. A. J. Gwathney, treasurer; Dr. John E. Washington, historian; Dr. W. E. Hamilton, librarian.

The curtain followed the exchange of felicitations, to be raised again in the cheerful banquet-hall, on a scene where viands, select, varied, and plentiful, which did honor to the chef de cuisine, and the "essence of joviality"—mild—combined to make glad Me-N-U.

Dr. W. S. Lofton presided over the merry-making features of the program, dispensing the toasts, which were all served up "well-done," and setting the pace of the occasion with the skill of a past grandmaster of the art.

Dr. C. Sumner Wormley's "I Want What I Want When I Want It" was sung by title; the keen disappointment in not having his rich baritone added to the joy and mirth of the evening to be atoned for by a special rendition at the next assembly.

Dr. D. A. Ferguson, of Richmond, gave to the society the greet-

ings of the State of Presidents, and in behalf of the profession in Virginia extended invitation to the society to meet in special session at Buckroe Beach, during the balmy days of this well-renowned summer retreat, for the purpose of effecting a permanent organization of the three sister commonwealths of the District of Columbia, Maryland and Virginia, in a Tri-State Dental Society.

And so, round and round the festive board, with over-swelling volume, swept the current of good fellowship until the hands of the dial marked the closing hour of the grandest session of the society. And, with the heart of every colleague atuned to one high, sweet note of ecstasy supreme, good-night rang out to all, and the recording Muse found good "copy" for another chapter of memorable history.

NOTES AND ANNOUNCEMENTS

A correction: "Speaking of the pioneer of dentistry in the District of Columbia (Dr. E. W. Smith's paper on Preventive Dentistry in the Journal of the N. M. A., Oct.-Dec., 1912 number) instead of Dr. Andy Freeman, it should be Dr. Robert T. Freeman."—Dr. W. S. Lofton, Washington, D. C.

Minutes: The minutes of the meetings of the Dental Section of the N. M. A. at Tuskegee are reported in the October-December number, pp. 360-2.

Reports: Please send reports of dental society meetings, or dental proceedings of general societies, to the dental editor, 604 N. 29th Street, Richmond, Virginia.

Tri-State Dental Society: The year 1913 will witness the federation of the dental profession of the District of Columbia, and Maryland and Virginia in a Tri-State Dental Society.

Queries and Answers: The dental section of the Journal will publish queries and answers exchanged between the members of the profession. Make this column interesting! Mail to dental editor.

Wanted: Reports on Dental Anesthesia and Analgesia, De Trey's Synthetic Porcelain, Pyorrhea, Oral Hygiene Movement—Schools, etc., "Good stuff" along any line of interest to dentists.

Dental Legislation: Bill creating corps of naval dental surgeons, approved August 22, 1912.

New Book: Blair's Surgery and Diseases of the Mouth and Jaws.

Nuptials: Gaskins-Cowan. Dr. Ambrose E. Gaskins, of Washington, D. C., and Miss Lenora Cowan, of Oberlin, Ohio, Christmas Day, 1912. Tancil-Wright. Dr. Park Tancil and Miss Edith Wright, both of Washington, D. C., Christmas Eve, 1912.

CURRENT CLIPPING

IRON AND THE TEETH

Here we get a positive reaction which clearly shows that iron appears in the saliva in twenty minutes, as with the halogens, and remains as long. The usual preparations of iron were taken in a capsule with the above indicated results; hence, it is not so much the coming of the medicament into contact with the teeth during the act of swallowing, but the fact that it is soon secreted back into the mouth through the saliva, that accounts for its action. It is secreted as ferric or ferrous chlorid whether taken as such or as carbonate, for the carbonate is converted into the chlorid by the hydrochloric acid of the stomach.—Dental Cosmos.

JAPANESE

The poorest working-man's family possesses such tooth-brushes, and each member of the family has his own. An old Japanese proverb says: "Otoko kro kare, Ha shro kare." (Let the man be brown, but his teeth must be white.)—Dental Cosmos.

SERVICE

Serve or shrivel. The man who unselfishly serves others grows steadily bigger. The man who serves only himself shrivels. It is unavoidable.—Dental Digest.

THE DENTIST'S HEALTH

Good health is one of the principal assets in dentistry. Our work is hard and confining, and the natural inclination is to shirk exercise, although a certain amount is

absolutely necessary. The course outlined in Professor Simon's book is sufficient for the purpose, and fifteen minutes' time per day devoted to these exercises, followed by tepid bath, will tend to keep one physically fit for the work of the day. Horseback riding and automobiling are more desirable exercises than walking, and the main proposition is to take any form of exercise that will exercise the lungs, for we work in a stooping posture, which not only interferes with proper breathing, but cramps the intestinal tract and interferes with digestion.—Dental Digest.

STATISTICS

Dr. Otis Nesbit, of Valparaiso, has for several years made a special medical study of school children. He speaks as follows of his experiences: The physical examination of the pupils in the Valparaiso public schools in 1911-1912 was made by three physicians, each examining about the same number of pupils. The principal defects and diseased conditions found in the pupils of the grades were as follows:

Number of pupils examined	609.
Per cent with hypertrophied tonsils.....	64
“ “ enlarged cervical glands..	48
“ “ defects of vision.....	23
“ “ “ breathing.....	15
“ “ “ hearing.....	6
“ “ adenoids.....	10
“ “ anemia.....	5
“ “ discharging ear.....	1
“ “ goitre.....	12

In a study of the condition of the children's teeth, made by seven dentists, the examinations including all the pupils in the Valparaiso public schools, it was found that 88 per cent of them had diseased teeth; that 175 first permanent molars had been extracted, and that 1,400 were diseased.—Oral Hygiene.

ITEMS OF INTEREST

Dr. H. F. Gamble, Charleston, West Virginia, has just sent his check in payment for five years' subscription to Journal in advance and has also donated a year's subscription each to two of his friends. He has done this in view of the fact that the Journal is very much in need of financial help at this time. The management of the Journal hopes that other members of the Association and subscribers to the Journal will do likewise.

[The following extracts from the minutes of the Maine Medical Association will prove of interest to the Journal readers.]

GENERAL MEETING OF MAINE MEDICAL ASSOCIATION

Held in the Council Chamber, City Building, at eleven o'clock, July 12, 1912

The meeting was called to order by President Stanley P. Warren, and the invocation pronounced by Rev. Jesse Hill of Portland.

President—Before taking up the first paper this morning, a matter has come up in the House of Delegates which I would like to have presented to this Assembly and discussed from the floor. I will ask Dr. Hill to present to you the matter of granting a section to the ear, eye, nose and throat practitioners. Shall the State Association accept the motion of Dr. Hill and unite in its suggestion that a section be formed on the ear, eye, throat and nose? The motion is now open before you and we will be glad to hear from anyone who wishes to make any remarks regarding the matter.

Dr. Hill—In order that the members of the Maine Medical Association here present may fully understand the petition of ear, eye, nose and throat people, perhaps a little explanation from us might establish the matter a little more clearly. We have an organization of twenty-six men who are devoting their entire time to the ear, eye, nose and throat and there are in the State perhaps twenty more who have not joined our organization because the object of our Association was to take up the matter of the eye and ear. We feel that there are members of our Association who get very little out of these meetings, as many, in fact most of the general subjects, are not of interest to the ear, eye, throat and nose men. I fail to see on this program anything that would specially interest the ear and eye men. I think I can say for myself that I attend these meetings fairly regularly. I rarely miss them and enjoy listening personally to the general subjects which are discussed each year, and we believe that it will not only strengthen the general organization if you give us a section, but it will strengthen our organization as well, and so we come to you with this request which I believe will be of benefit to us all and I sincerely hope you will grant our request at this time.

President—You have heard the motion of Dr. Hill. Has anyone anything to say on the subject?

Dr. Jackson—I would like to ask if there is to be a section on medicine and surgery and if this could be held in the morning in connection with the meeting for the ear, eye, nose and throat?

Dr. Little—As Secretary of the Maine Ear and Eye Association, I will say that in order to be eligible one has to devote his entire time to the special subject, eye, ear, nose and throat. There are a great many members of the Maine Medical Association who spend part of their time in the

treatment of these troubles and part of their time in general practice and these are not eligible to our Association, and we were thinking if we had our section here at these meetings then anybody who was interested in our work could attend the meetings and see and hear the work—anybody would be eligible. Then when we had our other meetings as we do through the year those would be individual meetings and might be more largely attended than they now are. We could reach the general members of this Association through this meeting if we are granted a section, and then we could come from our own meeting into the general meetings and have the benefit to be obtained here. The entrance fees will be nothing; it will simply be to be registered in these meetings and through the Journal. Notices will be sent out as to the programs, and I cannot see any objection to it whatever. It will not interfere with the Maine Medical Association, as our meetings could be arranged earlier in the morning than the general meetings would be held.

President—Are the members of the Maine Eye and Ear Association all members of the State Association?

Dr. Little—They are.

President—I think that is all the question I wish to ask. Anything else to be said on this subject?

Dr. Hardy—I fail to see why this Association should recognize any particular class of practitioners. This is an association of the medical men of Maine, and I think the general object is to provide an interesting program for everybody who attends. By dividing the program into sections and giving a section to medicine and surgery, a section to the specialties and a section to the ear, eye, throat and nose men, you will give every member an opportunity to choose the papers that are most interesting to him. I think we should be careful and not choose any particular line of specialties and give them a section and deny a like privilege to other lines.

Dr. Gordon—I would like to say a word in relation to this matter of dividing our Association up into sections. I have no doubt the time is coming when it may be

found best to have it divided up into sections but it seems to me now that with the number of members we have, we would not get more than two hundred and fifty members in at any one meeting and it appears to me that we can't afford to establish this matter of sections just at present. If we start in and make one section, it seems to me we shall have to make more. The American Medical Association, of course, is much larger and is divided up into sections and everybody who attends may attend the section he chooses and in which he is most vitally interested, and each room is ordinarily filled at their meetings. But I am rather inclined to believe that we had not yet better begin sectionalizing—not just at present. When we grant this section to the ear and eye folk, we are establishing a precedent that will divide our society, which is comparatively small, a little too much. This is a big State, I know, and contains lots of doctors, but it still seems to me we had better not begin dividing our Association up into sections just at present.

Dr. Hill—With all due respect to my good friend, Dr. Gordon, whom I esteem highly—I don't believe he understands the situation as we do—I do hope you will give us a section for the ear, eye, throat and nose men. We have an organization, as I have stated, which has existed for ten years, and we are unanimous—or practically so—I have not interviewed each one, but we have been patiently waiting for the time to come when we might have a section by ourselves—I do not mean alone by ourselves, but a section where anyone interested in our work could assemble and see what we are doing. The idea is, you can help us by granting us a section at these yearly meetings and we do want you to do so. We believe that if you will grant us this privilege that we can materially increase our membership and our interests and improve ourselves, and it seems to me we ought to be granted this trial trip. If you do not like it we will gladly consent to its abolishment, but I do feel that you will be doing yourselves good by granting this request today.

Dr. Gordon—Do you wish to occupy a room by yourselves?

Dr. Hill—We would hold our meeting in the morning the same as the Council and the House of Delegates do the first day. Perhaps have one good paper open to everybody—perhaps hold our meeting in this place while the Council and House of Delegates were in their room. In that way we would not be taking valuable time from the general meetings, and it would be a good way to try out the experiment. I think we would bring twenty-five or thirty extra members of the Maine Medical Association to this meeting, while on the other hand if we do not have this section, these same members will not make the effort to come here because they say they do not get value received for their time and money. But if they came to hear the discussion on the ear and eye, they would stay right through the general meetings.

President—Anything further to be said on this subject? If not, the motion is before you for action. You all understand, I think, what the motion is—that the Association adopt a section on the eye, ear, throat and nose. Those in favor say “Aye,” and stand while you are counted by the Secretary. Eighteen members voted in favor of the motion, while eleven members voted in in the negative.

Upon the report of the Secretary, the motion was declared carried.

Subscribers are earnestly urged to promptly notify the Editor of change of address, in every instance giving old and new address. A number of our subscribers have complained of not having received their Journal promptly. When on investigation we have found that they had moved and had failed to advise us of their new address.

The American Association for Labor Legislation is very active in its efforts against lead poisoning and other industrial diseases. In its

press notice issued for release January 27th, it calls attention to the large amount of lead poisoning existing among painters and lead workers in New York factories. It calls attention to the fact that New York laws require physicians and hospitals to report lead poisoning, and the department has just distributed cards “Of Information to Workmen” with following instructions:

HOW MEN ARE POISONED BY LEAD

(1) Lead is poison to the body. It enters the body mainly through the nose and mouth. It may be inhaled as dust or fumes. It may be swallowed with food or saliva (especially if tobacco or gum is put into the mouth with soiled fingers). Or it may be absorbed through the skin.

(2) When lead gets into the body, it leads among other things to indigestion and lead “colic,” to diseases of the heart, blood vessels and kidneys; or to paralysis of the hands, known as “wrist drop.”

(3) Lead acts upon the body slowly and insidiously. Without knowing your danger you may be getting some lead poison into your body every day. If you are working with lead in any one of its many forms, you must therefore use great care so as to protect yourself against it.

(4) On the very first sign of not feeling well, see a doctor or go to a dispensary. Do not wait until you are too sick to work. The earlier you go to the doctor, the easier it will be to cure you if you are being poisoned by lead. Be sure to tell the doctor all about your occupation and its dangers.

HOW TO PREVENT LEAD POISONING

(1) Always wash before eating, and if you work in a factory, before leaving the factory. Remove all the dirt from under your finger nails with a brush.

(2) Never eat in the room in which you work.

(3) Never chew tobacco or gum while working. If you do, the lead dust on your

fingers and in the air is sure to be swallowed.

(4) Use overalls when you work. Do not wear your working clothes on the street or at home. They may contain lead and poison you and others.

(5) Respirators are very useful and should always be used when working among lead dust or fumes.

(6) Keep the workroom clean. Do all you can to keep down dust. Do not get lead on your hands and clothes any more than you can possibly help.

(7) Always eat a good breakfast before going to work. Drink plenty of milk. Have at least one good movement of the bowels every day. Constipation is a suggestive symptom of lead poisoning. Avoid the use of intoxicants in any form. Their use weakens the body and makes it harder for your body to overcome the poison of lead.

(8) Keep clean. Wash with warm water, soap, and nail brush. Take at least one full hot bath a week.

The dose of drugs is modified by age, weight, sex, pregnancy, temperament, idiosyncrasy, habits, time of day, climate, and the condition of the alimentary canal.

HEXAMETHYLENAMIN

A. A. Eisenberg, Lower Brule, S. Dak. (Journal A. M. A., June 29th), gives the results of the use of hexamethylenamin in affections of the upper respiratory tract. Following a suggestion from the articles of Vanderhoof and others in The Journal, he has employed hexamethylenamin in twelve cases of acute rhinitis, twenty-two of acute bronchitis, eight of influenza and one of chronic frontal sinusitis. In the rhinitis cases it was administered as follows: Children 10 years old, after a cathartic, received 0.3 gm. dissolved in water 3td. during the first day and twice a day during the following. Larger doses were given to older persons, increasing to 10 grains for adults. No other treatment of any kind was given and the results were as follows: In eight cases seen before the secretion was established,

DANGERS OF MENTHOL IN INFANCY

There is hardly a drug which is used so frequently in acute catarrh of the nose as menthol and the number of proprietary preparations containing it as active principle is gradually increasing. The drug will not only remove the disagreeable obstruction in the nasal passages, but will often prevent an extension of the catarrh to the deeper air-passages. As a rule a small amount of menthol will suffice; thus, if ten to fifteen drops of a 0.2 to 0.5 per cent solution in liquid paraffin be instilled into each nostril, the patient will usually experience instant relief. Though menthol is thus an excellent drug for adults, it should be employed with the greatest caution in young children, especially where there is a tendency to spasm of the glottis. W. Lublinski nearly lost a patient after applying a 2-per-cent menthol preparation, and a number of other cases are reported in literature where severe cyanosis and dyspnea developed very soon after the application and where the nasopharynx became so filled with mucus that suffocation seemed imminent. It is probable that the spasm is induced by irritation of the peripheral branches of the trigeminal nerve in the nose.—Berl. klin. Woch., February 5, 1912.

six developed a scanty discharge on the following day, and in all cases the trouble disappeared on the third and fourth days. In no cases were there any complications. Corresponding doses were given in acute bronchitis, according to age, after a purging with calomel and Epsom salts. The results were very good. Every patient was well in four to five days. In influenza the respiratory symptoms were manifestly improved within from three to four days, and complete recovery occurred in from five to seven days. His conclusions are as follows: "1. Hexamethylenamin is a valuable remedy in the treatment of the inflammatory conditions of the upper respiratory tract. 2. It must be given in doses large enough to secure its full physiologic effects. 3. No untoward symptoms were observed while given in fairly large doses, up to 30 grains daily. 4. It seems to prevent possible complications of acute rhinitis, such as bronchitis and sinusitis."

THE OWEN BILL

We believe in the following propositions:

I.—Health is an asset of the state and sickness is a deficit. It is good statesmanship to promote the one and prevent the other.

II.—There is a SCIENCE of MEDICINE, the object of which is the MENTAL and PHYSICAL BETTERMENT of mankind. Medical Science, like all world-lore, is an evolution of human reason and human experience and, while still imperfect, has demonstrated facts enough to its credit to furnish a safe guide for human conduct. There are, of necessity, many unsolved problems of medicine, uncertainties, if you please; but who has a better right to attempt authoritative opinion

upon these unsolved problems than those who have mastered the demonstrated facts of Medical Science? This proposition involves no detrimental abridgement of personal liberty, but is in the interest of humanity and civilization. The Science of Medicine as interpreted by trained and unprejudiced men should stand as the judgment of the people in matters sanitary and hygienic.

III.—To this end there should be medical representation in the Executive Branch of the Government. National progress demands a Bureau of Health. We therefore **ENDORSE THE OWEN'S BILL AND PETITION THE NATIONAL CONGRESS FOR ITS PASSAGE.**

HOOKWORM AND PELLAGRA

Dr. J. S. Lock, of Barbourville, Kentucky, gives expression to the idea that Hookworm and Pellagra are associated, that Pellagra follows Hookworm. The following is reported in the Lexington Leader of January 22nd, as a telegram from Dr. Lock:

"Eleven thousand nine hundred and eighty-four persons examined in the eleventh district. Five thousand seven hundred and thirty of these had Hookworm. Hookworm has been found in every county of the

eleventh district. Hookworm is found in 118 out of the 119 counties of the state.

"Eighty per cent of the cases in the eleventh district treated resulted in 98 per cent of cures, average infected in the eleventh district is 38 per cent; in the state 33 per cent.

"I have a personal record of 150 cases of Pellagra. All had Hookworm, and were relieved of Pellagra symptoms by taking Hookworm treatment. Have examined every known case of Pellagra in district. All affected with Hookworm, which treatment relieved symptoms of Pellagra."

Dr. G. F. Watts, who has been located in Plainfield, N. J., is no longer practicing at that place,

Dr. A. E. Smyth, of Orange, and Dr. A. St. Clair Jones have opened a dispensary in Newark, N. J.

The Rock City Academy of Medicine and Surgery, the official organization of the medical profession in the city of Nashville, Tennessee, held a very important meeting on Monday 20th inst., at which definite steps were taken for organizing the local committee preliminary to entertaining the National Medical Association, in the city of Nashville, August, 1913.

The profession and Nashville are determined that the next meeting will eclipse all that the Association has ever held.

We regret to call attention to the fact that some of our subscribers have fallen behind in payment of their subscriptions. We have found it necessary to drop a few from our mailing list. We hope that all will recognize the necessity of paying subscriptions promptly and thus continue to receive their Journals. We have been obliged to increase our subscriptions from \$1.00 to \$1.50 per year, except to members of the National Medical Association who pay \$1.00 per year when paid in connection with their membership fees.

NEW YORK ITEMS

A free dental clinic has been established in connection with the Henrietta School at 224 W. 63d St. Dr. Charles H. Roberts and Dr. J. E. Cabaniss have entire charge of the work, which promises to become a large factor for good in that part of the city.

On December 12th Dr. Booker T. Washington^{jr} addressed a large

audience at Abyssinia Baptist Church in the interest of the McDonough Memorial Hospital. Rev. Clayton Powell presided. A large audience was present and seemed very enthusiastic over the project. Quite a sum was raised for the purpose. The doctors and a number of the business men of New York tendered Dr. Washington a banquet on the same evening at Gross's Catering Parlors, W. 134th St.

The election of officers for the ensuing year of the McDonough Memorial Hospital Association resulted in the election of the following: President, R. A. Taylor, M. D.; Vice-president, E. E. Rawlings, M. D.; Secretary, J. R. Anderson, Ph. D.; Treasurer, H. M. Griffin, M. D.

The annual Charity Ball for the benefit of the Association will be held Thursday, January 23rd at Young's Casino.

The January meeting of the Medico-Chi Society was held at the residence of Dr. E. P. Roberts. Dr. Roberts in a brief paper on "Treatment" recommended the following:

Diabetes: Arsenauro—five to fifteen drops in water three times a day.

Adenitis: Tablets of iodoform; tablets to be given to physiological effect.

Eczema of the Scalp: For the moist variety, resorcin, 5%, solution in alcohol; for the dry variety, zinc ointment and Lanolin in equal parts.

Pruritus Ani: Calomel, 1 dram; White vaseline, 1 oz. or salycilic acid, 3% in an ointment.

The society will begin its campaign of public health meetings in Salem M. E. Church on the first Thursday evening in February. The meeting will be addressed by W. G. Alexander, M. D.

PHILADELPHIA ITEMS

On October 18, 1912, the following were elected officers of the Academy of Medicine and Allied Sciences of Philadelphia:

President, J. T. Howard, D. D. S.; Vice-president, J. P. Turner, M. D.; Secretary, P. M. Edwards, M. D.; Corresponding Secretary, H. A. White, M. D.; Treasurer, J. Henry Booth, M. D.

The following were elected members of the executive committee:

Paul J. Taylor, M. D.; M. A. Panel, M. D.; T. S. Burwell, M. D.; J. P. Turner, M. D.; F. C. Antoine, M. D.

The following persons have been elected officers of the visiting staff of the Fred Douglass Hospital and Training School:

President, P. M. Edwards, M. D.; Vice-president, J. S. Lenon, M. D.; Secretary, F. C. Antoine, M. D.; Corresponding Secretary, T. S. Burwell, M. D.; Treasurer, J. P. Turner, M. D.

The Baby Saving Show of Philadelphia is being held at the Catto School, 20th and Lombard Streets. It is to continue from January 8th to January 19th. Dr. John P. Turner is chairman of the lecturing and demonstrating committee.

On January 12th he read a paper entitled "The Early Recognition and Prevention of Rickets."

Dr. T. S. Burwell read a paper on "Ophthalmia Neonatorum." Dr. R. W. Henry and others have also taken prominent parts in making the show a success.

The Out Patient Eye Department of Douglass Hospital is rapidly growing under the supervision of the new chief, Dr. P. M. Edwards.

BORN

To Dr. and Mrs. J. Leroy Baxter, Newark, a boy.

To Dr. and Mrs. W. P. G. Urling, Newark, a boy.

To Dr. and Mrs. R. W. Henry, of Philadelphia, a boy, on November 6th.

MARRIED

Dr. A. B. Graves, New York, and Miss Goldie C. Long, Jersey City.

Dr. Constantine C. Barnett, Huntington, W. Va., and Miss Clara B. Matthews.

Dr. J. E. Cabaniss was married to Miss Cecilia H. Holloway in Charleston, S. C., August 15, 1912.

DIED

Mrs. C. V. Robinson, the wife of Dr. P. D. Robinson, a well-known and highly respected physician of Lexington, Kentucky, died January 23rd, as a result of Bright's disease.

Dr. Maguire has located at Atlantic City.

Dr. A. B. Jackson, of Philadelphia, announces the opening of a private sanitarium under his direction at 770 South 18th St.

At the December meeting of the Philadelphia Academy of Medicine and Allied Sciences, a paper entitled "Housing Conditions as they Exist, and as they Can be Improved" was read by one of the municipal experts.

At the September meeting of the Aesculapian Medical Society of New York, Dr. J. P. Turner, of Philadelphia, read a paper, "Cerebral Hemorrhage, Causes and Treatment." He presented several specimens to illustrate his subject.

At the October meeting, Dr. A. T. Robinson read the paper, "Odontalgia: Causes and Treatment."

The September meeting of the North Jersey Medical Society was held at the residence of Dr. J. F. Lawson, Plainfield. The paper, "The Etiology and Treatment of Pyorrhea Alveolaris," was read by Dr. T. W. Robinson. The October meeting was held at the residence of Dr. I. A. Lawrence, Elizabeth; Dr. W. H. Sutherland, Orange, read a paper entitled "Anesthesia for the Extraction of Teeth." The November meeting was held at the residence of Dr. T. W. Robinson, Jersey City; the paper, "The Etiology, Diagnosis and Treatment of Empyema," was read by Dr. W. P. G. Urling, Newark. The December meeting was held at

the residence of Dr. W. H. Sutherland, Orange. The January meeting was held at the residence of Dr. W. G. Alexander, Orange; the paper, "General and Special Points in the Diagnosis of Children's Diseases," was read by Dr. T. N. Gray, East Orange.

Dr. Gus Stanfield, Howard '12, has located at Morristown, N. J. Dr. Stanfield had the honor of receiving the highest average before the State Board of Examiners for this year.

Dear Doctor:

The best publication of the race must not fail. In fact the Journal must go. I am standing by the Journal. Find enclosed check for \$5.00.

Yours truly,
(Signed) F. S. Hargrave, M. D.
Wilson, N. C.

Dr. E. T. Belsaw, of Mobile, Ala., also expresses his appreciation for the Journal to the amount of a \$5.00 contribution.

Many thanks to these gentlemen for their valued assistance.

My dear Doctor:

I am sending herewith enclosed a check for \$5.00 for which apply it to my annual membership to the National Medical Association, balance to be applied to the Journal subscription for myself, Dr. R. G. Buckner and Prof. H. R. Merry, all of Clarksville, Tennessee. We are well pleased with the Journal. If more money is needed to cover expenses notify me. Luck to you. I will be on hand another year.

Yours fraternally,
(Signed) ROBERT T. BURT, M. D.

SOCIETY AND PERSONAL

By DR. W. G. ALEXANDER
14 WEBSTER PLACE, ORANGE, N. J.

(All news items, personals and society reports should be sent direct to the Associate Editor, who welcomes the receipt of all desirable matter. The interest and value of this department may be greatly increased if secretaries of societies will regularly send in reports of the meetings of their organizations.)

We acknowledge receipt of abstracts of papers and account of meeting of the Association and Proctologic Society, held at Atlantic City, New Jersey, June 3 and 4, 1912. The next meeting of the Society will be held at Minneapolis, Minnesota, 1913, exact date to be announced later.

Officers elected for the ensuing year: President, Louis J. Hirschman, M. D., Detroit, Michigan; vice-president, Alois B. Graham, M. D., Indianapolis, Indiana; secretary-treasurer, Lewis H. Adler, Jr., M. D., Philadelphia, Pennsylvania.

Executive Council: John L. Jelks, M. D., Memphis, Tennessee; Louis J. Hirschman, M. D., Detroit, Michigan; J. Rawson Pennington, M. D., Chicago, Illinois; Lewis H. Adler, Jr., M. D., Philadelphia, Pennsylvania.

We regret that space will not permit us to furnish copies of the abstracts of the papers at this time, but hope to make use of them in a future number of our journal.

FLORIDA

The Medical, Dental and Pharmaceutical Association of Florida met at Daytona, November 6 and 7, 1912.

A very interesting session was held, and the Journal of the National Medical Association was adopted as the official organ of the Association. The following officers were elected for the year 1913:

H. A. Anderson, D. D. S., President, Jacksonville, Florida; R. R. Williams, M. D., vice-president, Ocala, Florida; E. Carrie Mitchell, M. D., secretary, Ocala, Florida; S. M. Player, Ph. C., treasurer, Jacksonville, Florida.

The next meeting will be held at Key West, Florida, April, 1913.

The Charleston County Medical Association was organized in the city of Charleston, South Carolina, on the 18th day of last October. Eight physicians and one druggist formed this organization. The officers are:

President, J. M. Thompson, M. D.; vice-president, Wm. H. Johnson, M. D.; treasurer, Huldah J. Prio-leau, M. D.

Dr. N. E. Cashin, of Decatur, Alabama, was married to Miss C. M. Harris, of Montgomery, Alabama, December 26, 1912. We acknowledge the invitation to same.

OBITUARY

The grim reaper in his destructive march has not neglected his visits upon the members of the National Medical Association in the last few months. Some of our useful and highly esteemed brethren have been stricken in the midst of their activities.

Among those who have fallen victims are Dr. R. L. Whittaker of Newport News, Virginia, a graduate of Leonard Medical School, and for several years a very successful and respected physician in the growing town of Newport News, Virginia. His friends mourn his loss, and he will be missed.

Dr. J. D. Crum, who practiced for a number of years in Charleston, South Carolina, and was also collector of the Port of Charleston, and at the time of his illness was United States Minister to Liberia, fell victim to disease while at his post of duty, returned to his native land and city, and died during the latter part of the year 1912.

Dr. A. C. McClennan, of Charleston, South Carolina, is also included in this number. Dr. McClennan was a very useful citizen as well as physician. He was the organizer of the Hospital and Training School for Nurses at Charleston, South Carolina, and conducted this successfully for a number of years. He was also instrumental in organizing the Palmetto Medical Association. Dr. McClennan was born in Columbia, South Carolina, in 1855, and after finishing the public schools of his city he served as page in the

House of Representatives. Later he received an appointment as cadet to the Naval Academy at Annapolis, Maryland, from which he resigned and went to an Academy in Connecticut. After leaving this, he attended the South Carolina University, and then took up the study of medicine.

The members of their families have our heart-felt sympathy in their bereavement.

FRENCH VITAL STATISTICS

[From Consul General F. H. Mason, Paris]

The Ministry of Labor has just published statistics showing the changes in the population of France during the first six months of the present year.

The most notable item is the excess of births over deaths; for these six months this excess amounted to 14,172, whereas in the corresponding half of 1911 deaths outnumbered births by 18,279. This is not due to any increase in the French birth rate. On the contrary, the number of births reported declined from 385,999 during the first six months of 1911 to 378,807 for the corresponding period of the present year. The deaths, however, had an even greater decrease, from 404,278 in 1911 (six months) to 364,635 in January-June, 1912. There was thus a falling off of 7,192 births to be set against a decrease of 39,643 deaths. The number of deaths in 1912 is 14,000 less than in the corresponding period of 1910.

This continued diminution of the death rate reflects credit on the steadily improving sanitary and disinfection methods which are being gradually brought into general practice throughout France.

[Previous consular reports giving population data for France were published in this journal on March 26, 1908, December 4, 1909, and February 19, 1912.]—U. S. Consular Reports.

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During the Fourteenth Annual Meeting of the N. M. A. at Tuskegee Institute, August, 1912, a number of the daily newspapers of nearby cities were very liberal in their news columns and editorials. See a few of them below:

OPERATIONS WERE MOST SUCCESSFUL

Tuskegee, Ala., Sept. 2.—The grand meeting of the Negro National Medical Association, which adjourned Thursday afternoon, has passed into history with the best record ever made at any of the fourteen sessions by that body.

This is true as to the lectures to seven hundred Negro farmers on sanitation, the prevention and treatment of tuberculosis and typhoid fever, and how to reduce the alarming death rate among Negroes, as well as to the five hundred clinical cases treated free of charge and the skilled work of the Negro surgeons.

While many of the delegates left for their homes Thursday afternoon and Friday, quite a few remained to assist Dr. John A. Kenney to dispose of the varied and various cases waiting for treatment.

The scene around the Institute hospital every morning beggars description. This was especially true Saturday morning. Men with face tumors, others with hare-lips, women suffering from abdominal tumors, mothers with deformed children, all waiting for charity treatment. These poor farmers brought nothing but their troubles and naught to pay the doctors save their abundant gratitude.

But nothing daunted, Drs. Warfield, Curtis, Carson, Brown and Hunter, and other surgeons, donned their caps and gowns and rubber gloves, put their patients under the influence of anaesthesia and went to work with a vim.

A poor suffering woman was relieved of an abdominal tumor weighing 28 pounds and as large as a water bucket.

A summary of the medical clinics treated was 500, forty-eight being eye, ear, nose and throat and four dental.

The surgical clinics closed at the hospital Saturday. The operations were on two little children, aged 8 and 10. Drs. A. M. Curtis and S. L. Carson, of Washington, D. C., performed the operations. They were suffering from rickets. The legs were greatly deformed, the knees were partially dislocated with angular deformities of both large and small bones of the legs. The bones were broken and the angles corrected with chisel and saw. The legs were made straight by the operation and legs put in plaster of Paris cast until the bones healed. The operations were a success and from present indications a great physical deformity has been corrected.

A visit to the hospital Sunday morning revealed the very gratifying fact that all the patients are doing well. They are cared for free of charge. Dr. Kenney, resident physician, and Mrs. White, trained nurse, and head of the hospital corps, are in charge and every attention is given to the patients.—Montgomery (Ala.) Journal, Sept. 22nd.

SICK AND MAIMED ARE TREATED WITHOUT CHARGE

UNIQUE SCENE IS WITNESSED AMONG TUSKEGEE NEGROES

Tuskegee, August 29.—A unique scene was presented when seven hundred farmers from Macon County gathered to partake in a conference with leading physicians of the nation over simple but important rules of health, the practice of those rules and the conservation of the health of the race. This by far furnished the feature of the conference from a public standpoint, while eminent surgeons attending the National Medical Association here battled against disease and made heroic efforts to save lives in the performance of scores of major operations in the operating rooms of the Tuskegee Institute Hospital.

At an early hour Wednesday morning the usual annual conference scene of long

streams of Negro farmers from the surrounding country was seen, pouring into the grounds of the Tuskegee Institute, but the object of these tillers of the soil was vastly different. Formerly, they came study to improved methods of farming, to exchange views on stock raising, to tell how they succeeded in raising the largest stock of corn or cotton, or to witness the exercises incident to the annual commencement.

SICK ARE TREATED

This time they came, seven hundred of them, certainly a goodly number in view of the busy farm activities, to see a gathering of Negro professional men, in numbers that staggered almost their belief, physicians, surgeons, dentists gathered from all parts of the country. They came, also, many of them, bringing their sick, and maimed to be treated. And as in the days of yore, none were turned away.

Dr. John A. Kenney, resident physician; William Rakestraw, conference agent; C. J. Calloway, director of the extension work, and other officials of the school had invited these people to come with them, to bring their sick, and to come without money and without any regard for a price. They had been assured that the usual Tuskegee hospitality would extend to the curing of their sick. They knew what it meant, so they came, horse-back, in wagons, buggies, carts, in all kinds of vehicles, and many on foot.

They carried their sick to the hospital. In fact, they had been doing this for several days before the opening of the convention. Consequently, when the physicians and surgeons arrived, they had plenty to do.

ASSEMBLY ROOM FILLED

When the meeting was called to order, the assembly room of Douglass Hall was filled to overflow. Many were compelled to stand while others crowded around the doors and windows outside and listened at the proceedings. Many of the delegates vacated their seats in order that farmer visitors could have seats. The manifest enthusiasm reminded one of a revival meeting. Certainly in its importance and far-reaching results, to say the least, this meeting ap-

proaches any revival ever held. The farmers had questions to pound relative to the treatment of tuberculosis, typhoid fever, pellagra and other diseases while all gave careful attention to the answers and particularly the efforts of physicians to give simple rules of health in language so plain that a wayfaring man could understand.

One man had left his wife at home with symptoms of pellagra. He carefully pronounced the symptoms which the doctors declared were symptoms of the plague. This man was told what to do for his wife.

Another man had lost several members of his family through the consumption route. He wanted to know in all seriousness if the plague could be stopped. He was interested in no far-sounding theories. The fact stared him in the face with all the heartaches of the bereaved and distressed. He was relieved to know that consumption could be prevented and cured and how.

The Negro death-rate; what could be done to lower it; what the national and state governments should do; the duties of the municipality; what the minister, the school teacher, the farmers, the nurses and and colored woman's clubs could do to halt the ravages of the death agent; what all could do in the conservation of Negro health and to lessen this growing menace to the race was discussed in common sense terms by the physicians and these farmers.

CLINICS AT THE HOSPITAL

The clinics held daily at the Institute Hospital have been in every respect the most elaborate held in the history of the Association, and have been uniformly successful. From three to six major operations are being performed daily. Dr. Brown, himself leading off with an abdominal section for the removal of a large uterine fibroid and ovariectomy Tuesday, assisted by Dr. L. U. Goin of Birmingham, president of the Alabama State Medical Association.

Dr. A. M. Brown and Dr. J. A. Kenney of the Institute Hospital performed an abdominal section Thursday morning, requiring a great deal of dexterity and skill. The noted Birmingham surgeon will re-

main at Tuskegee Saturday and Sunday, assisting Dr. Kenney in performing some additional cases that have been brought to the Association by farmers and others of the community during Saturday and Sunday.

The skill exhibited by Drs. W. A. Warfield and A. M. Curtis, of the Freedman Hospital Washington, and Dr. S. L. Carson, another eminent surgeon from the capital city, was a revelation to the large number of surgeons who attended the clinics. The Washington surgeons were the center of attraction, both in the session and at the hospital.

Dr. Don Wilborn, of Anniston, brought cases that attracted considerable attention and were successfully operated upon. The Washington surgeons and Dr. A. M. Brown will remain at the Institute Hospital until all the cases are disposed of. Dr. Curtis Thursday morning demonstrated some plastic surgery in an interesting congenital deformity.

Drs. S. C. Dickerson of Chicago, H. C. Bryant and U. G. Mason of Birmingham, gave several administrations of the new preparation, Neosolvarsan, the generally accepted specific for syphilis. One of the cases was a young man suffering with a para or late manifestation known as tobes dorsalis, commonly called locomotor ataxia. The effect of this new treatment upon the late syphilitic disorders is yet "sub judice." The audience of doctors that attended the clinics have been enthusiastic and attentive. —Montgomery Journal.

"Dirt, Deception and Doubt" was the subject discussed by a well-known Negro preacher when speaking to a large congregation of his race in Atlanta a few days ago. He dwelt largely on the first part of the topic. If he was at Tuskegee with the Negro doctors who are now in session there his points would doubtless be well taken. They are telling the Negro people in and about Tuskegee how to keep clean and healthy. And the Negroes in that part of the state are listening with open ears. It will tell its tale in a much shorter time in the improvement of their domestic conditions than most people would expect. The

Negro doctor can be worth as much to his people as the Negro teacher, preacher and educator if he will do his duty with earnest sincerity. — Editorial: Montgomery Times.

It is the custom of the Rock City Academy of Medicine and Surgery of Nashville, Tennessee to hold two public meetings each year. The Academy is one of our largest and best local societies.

Below we give the Nashville Globe's report of the last meeting:

DOCTORS HOLD PUBLIC MEETING

ADVISE PEOPLE HOW TO KEEP WELL

SPLENDID GATHERING AT PLEASANT GREEN BAPTIST CHURCH—SUBJECT PERTAINING TO HEALTH DISCUSSED—HOW TO LIVE LONGER —PEOPLE TOLD OF TUBERCULOSIS HOSPITAL

At Pleasant Green Baptist Church Monday night, the Rock City Academy of Medicine and Surgery held their semi-annual public meeting. Programs had been printed and distributed in the community and announcement had been made by the press, but only a fair sized audience was on hand to witness the program.

Dr. J. H. Hale, master of ceremonies, introduced Dr. F. A. Stewart as the first speaker, who was to speak on the subject of Relation of the Public to the Profession and the Relation of the Profession to the Public. Dr. Stewart handled his subject in a plain, straightforward, businesslike way, and showed those who were present that by a mutual effort both the physician and the public could be greatly benefitted. The subject was discussed by Dr. C. V. Roman, who, in his usual humorous and witty but philosophical reasoning made a clear, convincing talk as to the relation that exists between the physician and the public. He abused the idea so prevalent among the Negro to condemn all men for the acts of one, "and," said he, "if no doctor in this house gives you the service you want, it is not necessary to decide that you will not have any Negro doctors, for," said he, "we have fifty in Nashville."

Dr. C. H. Bandy was on the program to discuss "Our Own Hospital;" Dr. Voorhees, "The Care of the Teeth as a Prevention of Disease;" Dr. Boutte, "The Relation of the Pharmacist to the Community." They were all absent, but Dr. F. G. Smith opened the discussion on the subject of "Relation of the Pharmacist to the Community." He stated, however, that he could not discuss the paper of Dr. Boutte because it had not been read, but Dr. Smith did make a splendid talk on the subject in a general way. He emphasized that first of all the pharmacist should have what the people want and should get acquainted with the people and make them realize that he is one of them. He referred to the fact that other cities in Tennessee and several of the small towns have better drug stores than Nashville, but he cited the fact that there are bright prospects ahead for this city and that there is here now a drug store conducted by a young man of the race that he considers first-class in every respect, and said he believes the young man has the tact to make his enterprise a success. Dr. Smith was very practical in his remarks, and while he believed that the people should patronize enterprises conducted by men of the race, he did not fail to emphasize what the pharmacist or any other business man owes to the people.

Dr. C. O. Hadley read a paper on "Tuberculosis." Stereopticon views were to have been made by Drs. Holman and Lester, but while Dr. Lester was there with the slides, Dr. Holman failed to reach the scene with his machine. Dr. Lester gave a splendid talk on the subject and urged the people to take advantage of the new Tuberculosis Hospital that has been established by this city and county for those afflicted with such diseases. "This hospital," said he, "is located in beautiful country, richly endowed with nature's gifts, and is so conducted that anyone would be compelled to gain a new lease on life if they would go there." He urged the colored people to go and take advantage of their opportunity now, "for if we neglect to use the hospital after it has been provided for us, it will in time be taken away

and given to those who will appreciate it." Dr. Lester said this hospital was the best he had ever seen and strictly urged the people to break loose from those family ties, if there was one in the family suffering from tuberculosis, and send them to the hospital and let them remain there until they are well. This hospital is located a few miles out of the city. It consists of two wings, one for white and one for colored people. So far as construction is concerned they are identical in every respect, just as large, just exactly the same in every way; and the same attention and treatment are given to the colored as to the white patients. In this institution there is absolutely no difference in treatment. The mayor and city officials in conjunction with the county officials have built this institution for the good alike of all the people of this county.

The meeting Monday night will be productive of much good to those who were present, and as it is the plan of the Academy to hold such meetings from time to time, it is believed that the public will in the future take advantage of these opportunities to learn how to live.

NEGRO MORTALITY

The following editorial from the Chattanooga Times, of October 19, 1912, indicates that there may be light ahead:

Attention is directed to the report of the city health department, published in yesterday's Times which shows a steady increase of mortality among the Negro population of the city. Deaths from all sources within the limits of the city proper were 976, of which 428 were of whites and 548 colored. Based upon the census population of 1910, this yields an annual death rate of 21.88 per cent for all colors; 14.3 per cent being white and colored 36.3 per cent.

It need not be said that this rate is so high as to constitute an arraignment of conditions existing in the Negro quarters of this city. The commissioner of health attributes this frightful condition to the practice Negroes have of "living in ill-ventilated and

unsanitary habitations and localities, the almost universal yielding to the dissipation of civilization, ignorance and ignoring of hygienic laws; eating of decayed food, absolute indifference to quarantine," etc.

We had occasion once before to refer to the high Negro death rate here. It would seem that out of humanity's sake something should be done by somebody or some organized authority to remedy, if possible, this condition. We are sure the city commission will be sympathetic with any movement looking to improvement. As we suggested once before, a commission ought to be appointed to inspect Negro quarters throughout the city and report specifically all insanitary premises; note the lack of sewerage facilities and inquire into the quality of food, the source of supply, etc., so that an intelligent view may be had and a practical remedial reform instituted.

The habitual report of a high death rate injures the city. People do not stop to reason why the average death rate is 21.88 to the thousand of population—they only look at the total as being an aggregate. Those who do note the difference between the white and colored death rate, wonder why it is so, and they are not particular to advance reasons to excuse us from responsibility for the results.

We have no means of comparing our figures with those of other cities, except that the white rate is normally the same as in other healthy communities. It seems to be useless to appeal to the Negroes themselves; they appear to be incapable of protecting themselves against disease, and if there is to be any help for them it must come from white authority.

Suppose the city authorities make an experiment by appointing a courageous commission that will make a real investigation of the causes of Negro mortality.

MINISTER CRUM

The death of Dr. William Demos Crum at Charleston, South Carolina, last week, from the effects of African fever contracted in Liberia while discharging his duties as United States Minister Resident and Con-

sul-General, came as a distinct shock to his host of friends. He was in the prime of his manhood and intellectual power when he died. His death is all the more mysterious because of the fact that he was a physician of great knowledge and skill in dealing with tropical fevers, gained in a long and successful practice of medicine in Charleston, whose miasmatic conditions are pronounced. If anyone should have known how to avoid the insidious African fever, or to deal successfully with it when it had seized upon him, it should have been a man of Dr. Crum's splendid physical development and skill and success as a physician in dealing with tropical fevers.

The African fever has claimed as its victims most of the American Ministers Resident since President Grant appointed J. Milton Turner to the post in 1869, among the best known of the victims being Dr. Henry Highland Garnet, of New York. A peculiarity of the situation is that after spending eight years in West Africa as Minister Resident, Mr. Turner is still living in Missouri.

Dr. Crum had been in public service some twelve years. President Roosevelt appointed him Collector of Customs at Charleston in 1901, and the confirmation was held up for a long time in the Senate because of the opposition of the South Carolina Senators. It is claimed that the white Democrats of Charleston never became reconciled to his appointment. When President Taft came into office some four years ago Dr. Crum sent him his resignation, as, he said, he did not wish to embarrass the administration. It was accepted, and soon after he was appointed Minister to Liberia.

He was a good public servant, a capable physician, a devoted husband and an amiable friend.—New York Age.

In a recent State dental examination at Columbus, Ohio, R. N. Swayne, a young Negro man, made the highest average—93 per cent. Of the twenty-seven applicants thirteen were successful.

National Baptist Sunday School Commentary (1913) is a neat and comprehensive volume by Drs. R. H. Boyd and W. S. Ellington. An introductory essay on the Modern Sunday School, its organization, government, literature, etc., increases the value of this book. In addition to the text and comments for the entire year's lessons, there is a well written introduction to each quarter, also bibliography and blank ruled space for class records. Mechanically the book is neat, strong and attractive. Doctrinally, it is true to title: "strictly orthodox and purely Baptist." Altogether it is a credit to its authors, and well worth a place in the library of any physician interested in Sunday school work.

National Baptist Publishing Board, Nashville, Tennessee, pp 319. Price \$1.00.

The city Frankfort-on-Maine owns and operates its waterworks, supplying spring and ground water for drinking and household purposes, and river water for sprinkling etc., two sets of pipes being used. Each set is fed by two reservoirs, one on each side of the river. The total consumption of water during the fiscal year ended March 31, 1911, was 28,049,486 cubic yards of spring and ground water and 3,364,160 cubic yards of river water. The water system at the end of that fiscal year comprised 293 miles of pipes for potable water and 113 miles for river water. The average daily per capita consumption was 37.2 gallons.—U. S. Consular Reports.

FILATOV'S SIGNIN SCARLET FEVER

Filatov's sign consists in extreme pallor of the chin and upper lip, giving a characteristic appearance contrasted with the flushed cheeks. It occurs at the onset and in conjunction with the scarlatinal folliculi-

tis is pathognomonic. Fromont has observed it in 100 per cent of his cases (*La Clin. Inf.*, February, 1912) and thinks it of great value in making the diagnosis before the appearance of the rash. The lividity is a reflex phenomenon, the irritation of the pharynx setting up a vasoconstriction.

HEMOPHILIA

A. H. Traver, Albany, N. Y. (*Journal A. M. A.*, January 4), gives an account of a bleeder, a boy, aged 5, in whom black-and-blue spots followed the slightest injuries, and who had had a severe hemorrhage previously which was checked with difficulty. Four or five months later he had another hemorrhage, due to biting his tongue in a fall; the injury was very slight, but the hemorrhage resisted all the known remedies, such as tannic acid, epinephrin and several injections of horse-serum. When seen by Traver six days after the injury, the boy was pale, almost pulseless and unable to sit up, presenting an almost hopeless case. The only thing left to be tried was human-serum, and after carefully preparing the father's arm, the median basilic vein was opened and about 8 ounces of blood received in a sterile bottle, which was placed in an ice box for ten hours. Then 20 c. c. was injected subcutaneously into the child's buttock, and within twenty minutes a clot formed on the child's tongue and the bleeding almost ceased. The clot became so large that it had to be removed in twelve hours, but there was no renewal of the bleeding. A second and third injection were given at eight-hour intervals as a precautionary measure, though it did not seem necessary, as there was very little bleeding after the first. The child has had no subsequent injury, so it remains to be seen whether the hemorrhage will be troublesome after the next accident. Traver remarks that it was interesting to observe the clot form within a few minutes after the injection when there had been no tendency to clotting before. He believes the injection given was life-saving, as nothing else had any effect.

ELIMINATION OF THE MIDWIFE

C. E. Ziegler, Pittsburgh (Journal A. M. A., January 4), considers the midwife, an unnecessary evil and not excusable on any grounds of poor obstetric work by physicians. He is opposed to educating and licensing midwives, first, because he considers it unnecessary, and a plan can be evolved by which good medical attendance can be assured to every parturient woman; and second, because he does not believe it possible to train women of a type of even the best class of midwives to practice obstetrics satisfactorily. There is a great deal more in obstetrics than merely assisting the natural forces of Nature. Each case should be studied beforehand, and accidents and the abnormal possibilities of the mother and child need the educated eye of the physician. It will never be known, perhaps, how many thousands of babies are sacrificed by the lack of this. Another very pertinent objection to giving 50 per cent of the cases to midwives, as at present, is that they contribute nothing to our knowledge of the subject. The cases they treat should be available for the training of future physicians, which is at the present time almost impracticable. On the other hand, it is plain that every woman has a right to demand such care during and following childbirth, as is needed for her welfare and that of the child. He criticizes the present method of administering medical charities as unjust and inefficient. Any system that does not give the most economical service consistent with essential efficiency is wrong, and physicians ought not to be obliged to bear the burden that should be assumed by the individual or the state. The remedy, as far as obstetrics is concerned, can be brought about through the establishment of obstetric charities, consisting of maternity hospitals and maternity dispensaries with all that they imply. Where medical schools exist these may be directly effective. But in the rural districts he agrees with Professor Prichett of the Carnegie Foundation that "a sanitary service, subsidized by the state, will alone render efficient relief in backward districts without demoralizing the profession." He believes that every student graduating should have had experience with at least fifty cases, and he gives results of inquiries as to how near this is approached in the various medical centers. In conclusion, he

gives the account of a plan adopted in Pittsburgh for the elimination of the midwife. The hospital, the first of its kind in this country, has been modeled largely after the well-known Frauenkliniks of Germany. While the work is young, the outlook is promising for the elimination of the midwife question.

The Fellows Company of New York, manufacturers of Fellows' Compound Syrup of Hypophosphites, has issued a little pamphlet entitled "Some Don'ts," medical and surgical, which they are distributing gratis to the members of the medical profession. It is chock full of some very useful information to physicians. It frequently is as important to know what not to do as what to do, and in this little book the physician is advised what not to do in a number of important and perplexing instances. These useful reminders will, I believe, be sent free to any physician who will make the request of the company for the same.

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My first use of Antiphlogistine in burns and scalds was accidental. I was called by telephone to Mr. J. T., aged twenty-seven, weight 180 pounds, brick-maker, a steam-pipe having exploded between his legs scalding him badly I ordered that no grease of any kind be used, but that cloths soaked in a strong solution of by-carbonate of soda should be laid on the parts till I could get there. I stopped at a drug store to procure another salve I had used in such cases, and by mistake the clerk gave me two boxes of antiphlogistine. When I reached my patient I found him suffering intensely with a big blister extending from the crotch to the ankle on the inner side of both legs, at least three inches wide and surrounded by a red inflamed surface two inches wide on each side.

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him why he had not touched his medicine. "Well, doctor," he said, "you told me to take that every two hours while I was in pain and I have not had any pain."

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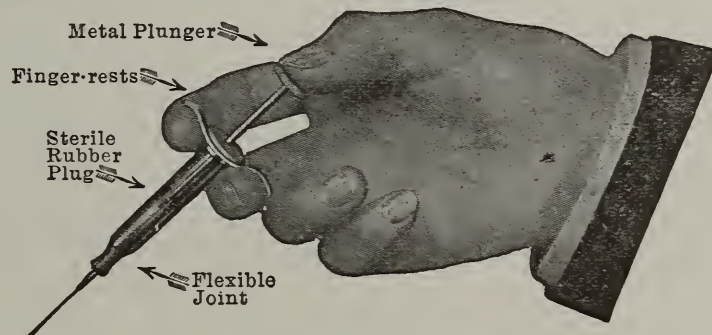
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Tuskegee Institute, Alabama

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Yours sincerely,
(Signed) DANIEL H. WILLIAMS, Chicago, Illinois.

Dr John Kenney, an old Albemarle boy, and at present, resident physician, Tuskegee Institute, has sent to us a copy of his late pamphlet, entitled "The Negro In Medicine." The little pamphlet by Dr. Kenney is deserving of the highest praise in every respect. His list of Negro physicians who have made good in their chosen profession is worthy of a place in the library of every intelligent Negro. We of his old home county are pleased with his effort and shall spare no pains in calling the attention of his old acquaintances to his splendid production. We feel sure that his brother physicians will hail with pleasure this history of his, brief though it be, of the Negroes' success in medicine; and that they and the country generally will, like old Albemarle, feel proud of so able a man as Dr. John Kenney, now of Alabama, but by birth a Virginian.—Editorial: *The Messenger*, Charlottesville, Virginia.

Comments on **THE NEGRO IN MEDICINE**

I am writing for four of your books.....It is a valuable work, and one that was needed.

(Signed) H. R. BULTER, M. D., Atlanta, Ga.

I must compliment you in the highest for your splendid book, entitled "The Negro In Medicine." It fills a unique place in Negro history, and sets forth the progress the Negro has made in medicine in a pleasing as well as instructive manner. It should be in every Negro home to encourage the physician, create confidence in him among his race, and inspire the young to enter the profession, full of hope and ambition.

(Signed) GEO. E. CANNON, M. D., Jersey City, N. Y.

The Negro In Medicine

Dr. John A. Kenney, Medical Director of Tuskegee Institute, and president of the National Medical Association, has brought together and published a large amount of valuable information concerning Negro physicians, medical schools, hospitals, and nurse training schools for Negroes. It is published in neat pamphlet form, under the title of "The Negro In Medicine." Beginning with James Derham in the eighteenth century, the first Negro physician, and one of the most noted Negro physicians to practice in this country, and ending with the most noted Negro physicians of today, biographical sketches are given of Negro physicians of the past and present. Of special local interest are the references to Dr. J. McCune Smith, Dr. D. K. McDonough and Dr. Peter W. Ray, who were largely identified with the history of New York City.

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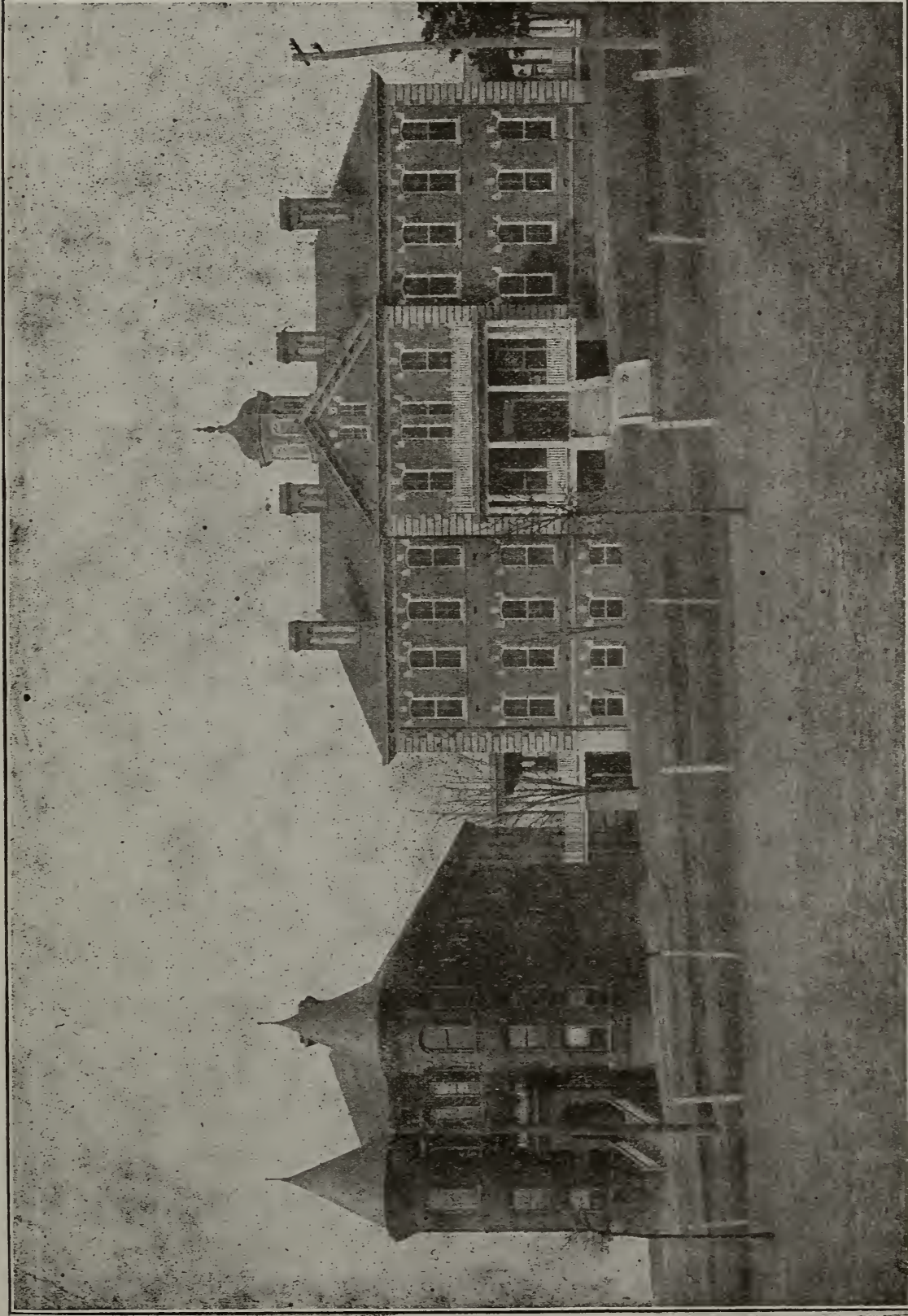
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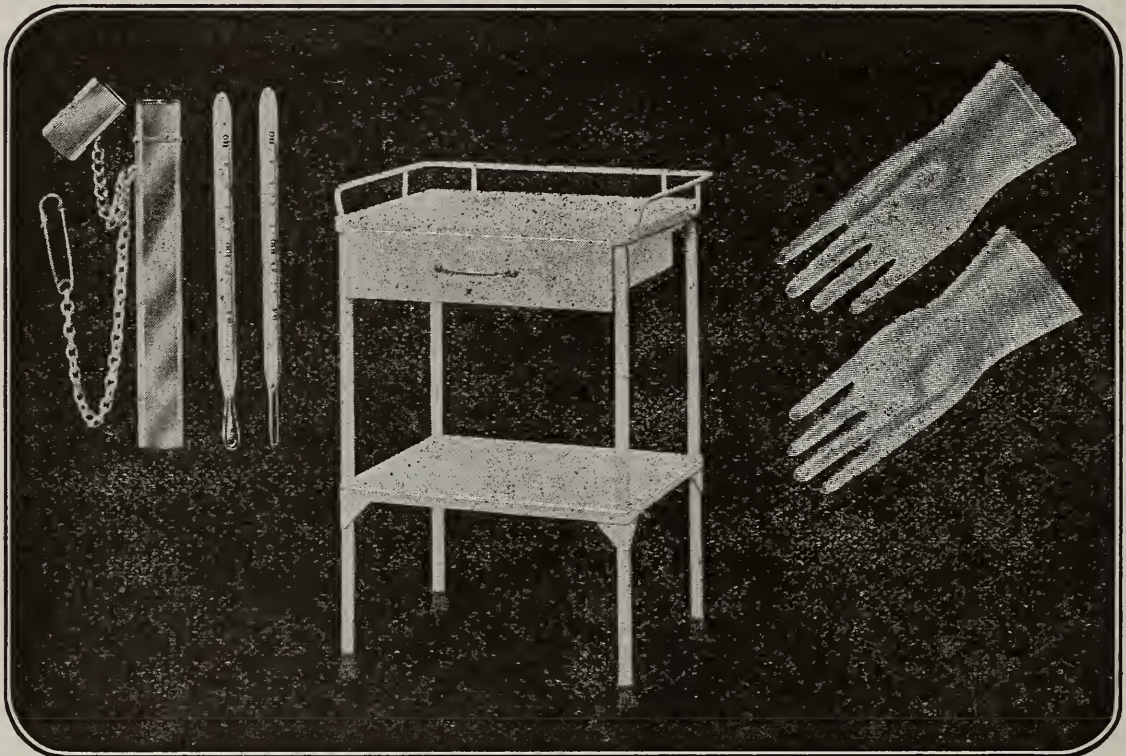
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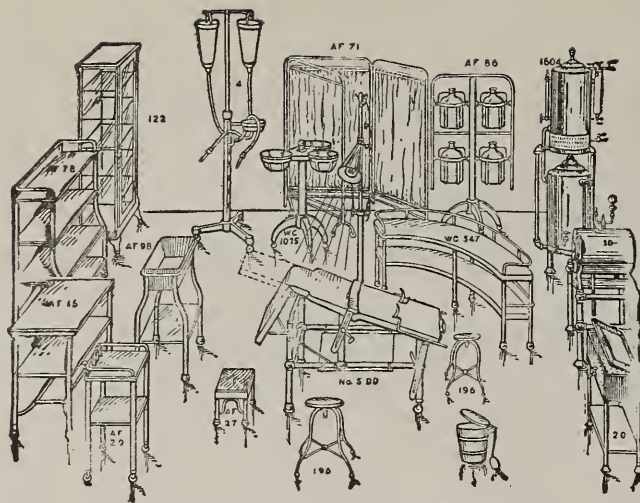
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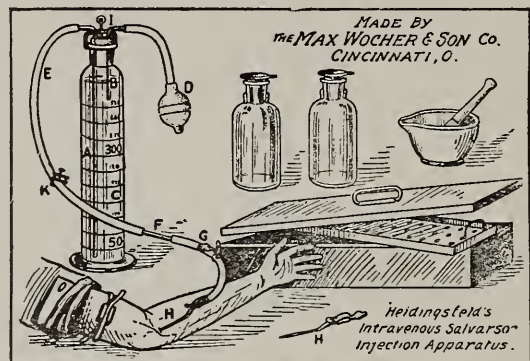
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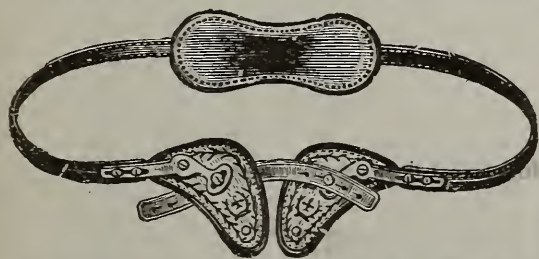
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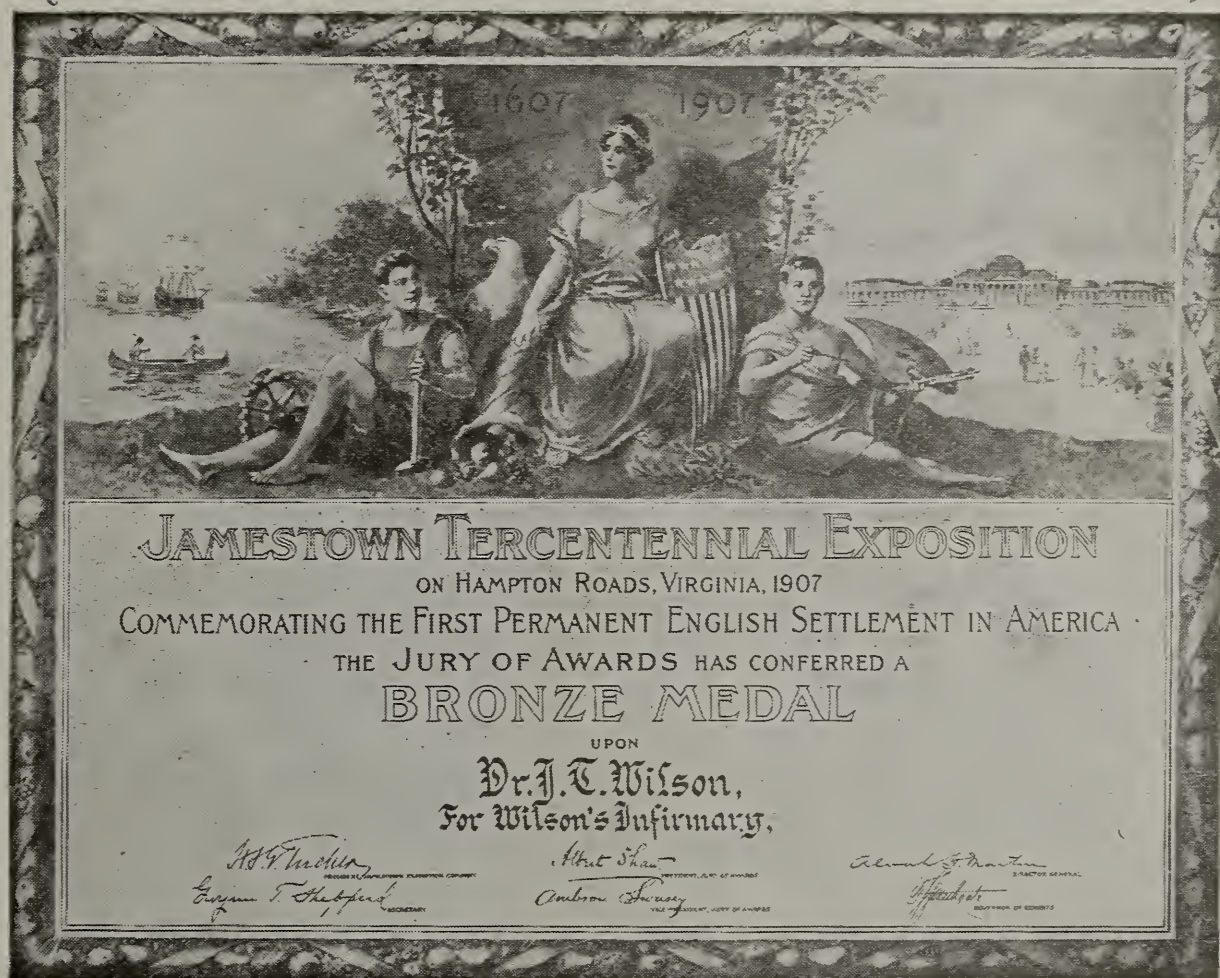
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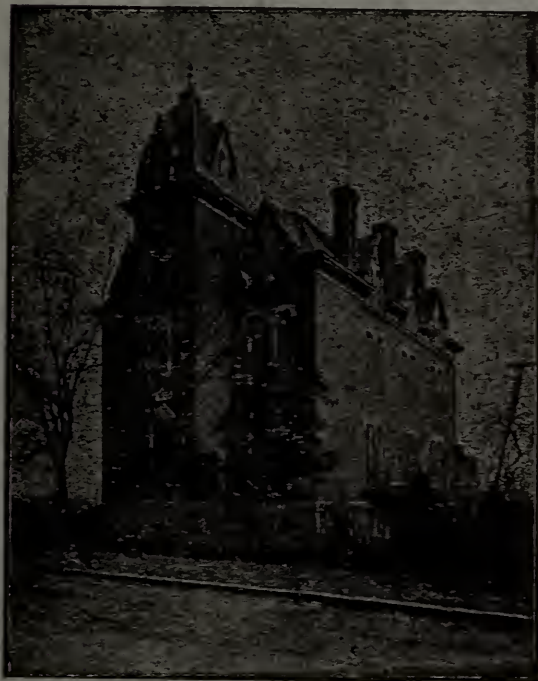
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Vol.
19

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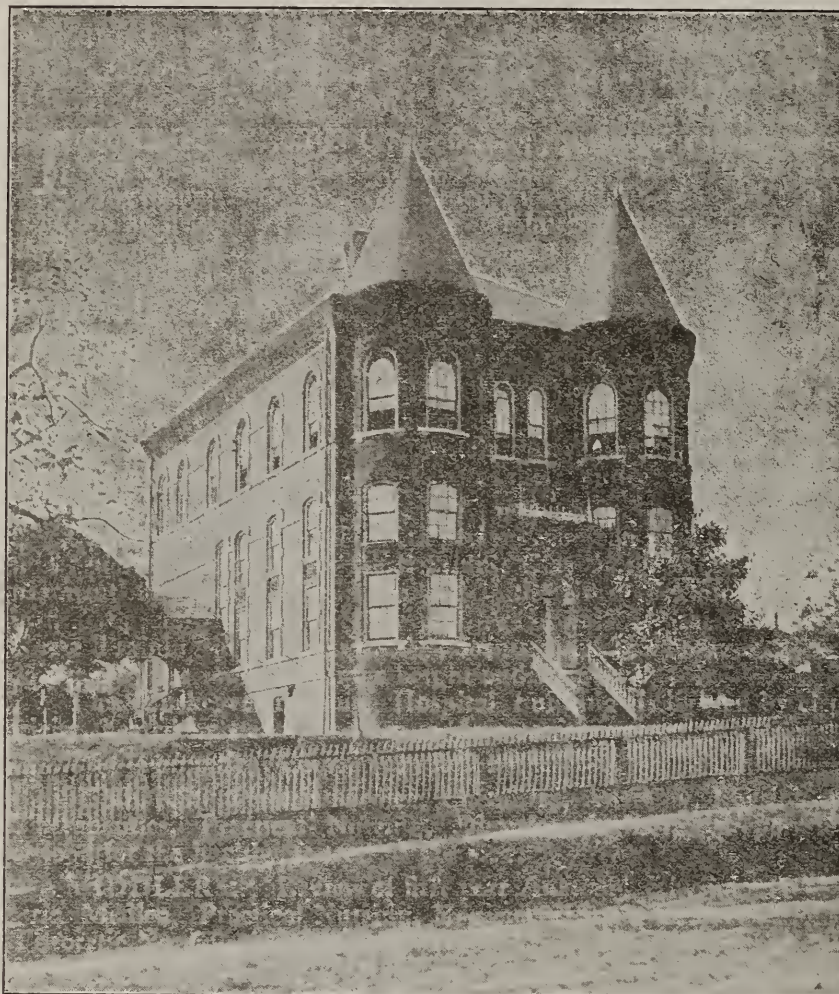
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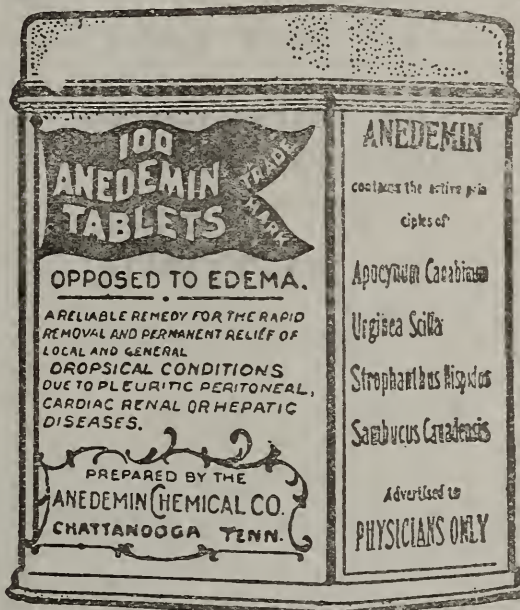
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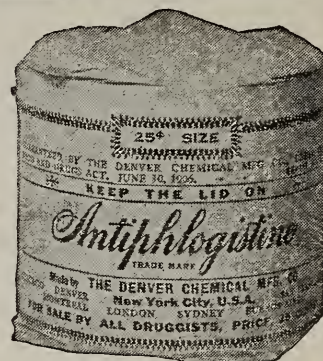


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INTERNAL SECRETIONS

BY SPENCER C. DICKERSON, M. D.,

CHICAGO, ILLINOIS

The history of medical advancement is the history of man's effort to solve the problems incidental to life, to ferret out the causes underlying the vital processes, and the application of this knowledge for the relief of pathological conditions.

It has only been during the last thirty years that any well defined attempt has been made to regard internal secretions of primary and fundamental importance to the proper functioning of the vital processes concerned in maintaining the normal metabolism whereby the human machine is kept in the proper gear. The more deeply the organs concerned in internal secretions are studied and investigated, the more evident it is that these organs and their secretions are absolutely essential to life. From clinical observations, pathological investigations and experimental evidences, the secretions of the ductless glands, the thyroid, the parathyroids, the adrenals, the pituitary body, are absolutely essential to life.

It may not be amiss at this point to state just what is meant by internal secretions. Meltzer says, "The term internal secretions, introduced in 1891 by Brown-Sequard, is now frequently used for substances which are carried away from the place of their production through the blood and lymph capillaries and not by special ducts. It is true that the waste products of the testicles, kidneys and muscles, which are thus included under the term internal secretions, have to get first into the circulation before they can be eliminated from the body. They linger awhile within the organism before complete elimination; the fluids and tissues of the body become somewhat adapted to them and often form definite reactions to protect the body against their deleterious influence. There is no practical and logical advantage in classifying these waste products with internal secretions. The term internal secretion, therefore, should be limited to specific secretions of organs, which are pro-

vided with definite secretory elements.

In 1883 Hermann stated that we know nothing of the functions of the thyroids or adrenals, but by chance during this same year, the significance of the thyroid was brought to light. The light which was shed on the vital importance of this gland lit up the entire field of internal secretions which had remained obscured for many centuries. There were many theories advanced during the preceding centuries to explain the significance of the thyroid. In the early part of the last century Hofricter analyzed these theories and discarded them. In the second third of the nineteenth century Prochaski's theory gained most favor. He claimed that the thyroid, adrenals and thymus were of no significance for extra uterine life. In 1873 Sir William Gull reported five cases of middle-age women who had cretinoid appearance. In 1878 Ord's autopsy findings showed mucin-like masses in the subcutaneous tissue with atrophy of the thyroid, which condition he termed Myxedema.

We owe a great deal to surgery for the further elucidation of the functions of the thyroid. In 1883 Kocher, of Berne, after a complete thyroidectomy, noticed that complex symptoms followed, which he termed Cachexia Strumipriva. Jacques Reverdeu, working independently, confirmed Kocher's observation. Felix Semon, in a report to the clinical society of Lon-

don, suggested that post-operative Cachexia and Myxedema might be due to the absence of the thyroid. Schiff implanted in the peritoneal cavity of an animal one of its own thyroids; the animal survived a long time after the removal of the second. In 1891 George Murray, by the subcutaneous injection of thyroid extract, abolished all symptoms of Myxedema.

Mackenzie and Fox by the administration of the thyroid gland, per mouth; even Cooked, demonstrated that the active principle is destroyed neither by heat nor the gastric juice.

In view of the great amount of work done on the pathology of the thyroid, what are its specific activities? The perfect and normal secretion of the gland is necessary for the proper bone and mental development of the child and a proper mental condition of the adult; for the proper relationship of the amount of fat to the rest of the body; for the proper health and functioning of the skin, teeth, hair and nails; for a proper menstrual and maternal functioning of women; for the proper nitrogenous metabolism of the body; also as a prevention of nitrogen toxemias.

Some of the chief physiological actions of thyroid extract are: it lowers blood pressure and at the same time increases the rapidity of the heart; the polymorphonuclear cells are decreased, while the lymphocytes are increased, although the white blood corpuscles, as a

whole, are decreased by thyroid feeding. A condition of the blood picture found in exophthalmic goitre.

The two main pathological conditions found in diseases of the thyroid may be classified in a general way into that of hypersecretion, of which exophthalmic goitre is the chief expression; hyposecretion giving rise to cretinism and myxedema. While cretinism and myxedema represent the extreme limit of hyposecretion, obesity, adiposis dolorosa, sleepiness, mental apathy and dryness of the skin, chronic eczemas, digestive disturbances, bradycardia, high blood pressure, amenorrhea and scanty menstruation, may be the expression of lessened secretion of the thyroid, as it may be found that in many of these cases, great benefit has ensued from the administration of thyroid extract.

In 1892 Gley pointed out that the parathyroids played an important role in the phenomena following the removal of the thyroid. It was found by the removal of the parathyroids in rabbits, that tetanic spasms occurred, which could be relieved by the administration of calcium salts. Hence the parathyroids are regarded as organs very necessary for the health of the individual. In man and many animals the removal of all the parathyroids causes death, which can be prevented by the administration of parathyroid extract.

It has been suggested that the

secretions of the parathyroids may prevent the formation of toxins or neutralize toxins in the blood. This much, however, is certain, that the secretion prevents the irritation of the nervous system by such toxins, or regulates certain normal metabolic processes. It has again been suggested that secretions of the parathyroids may neutralize the toxins resulting from muscular exertion and thus prevent fatigue.

McCallum has recently shown that the parathyroids control calcium metabolism, as extirpation of the parathyroids is followed by rapid elimination of calcium and a consequent diminution of calcium in the blood, hence an insufficient absorption and assimilation of calcium salts. It has been observed that by intra-venous injection of a 5 per cent. solution of calcium acetate or lactate tetanic convulsions, caused by the removal of the parathyroids, were checked, while by the administration of potassium salts these convulsions were made worse. It was also shown that while there were beneficial results from the administration of magnesium solution; an undesired anesthetic action on the nervous system occurred.

As in the case of thyroid secretion hypersecretion of the parathyroid may occur, while it has not as yet been recognized, it has been suggested that hypersecretion may be the cause of muscular weakness and paralysis agitans. Hyposecre-

tion seems to be the cause of tetany, and other convulsive conditions, eclampsia and some forms of epilepsy. There has been some good results reported from the use of parathyroid extract 1-20 to 1-10 of a grain in infantile tetany, and occasional benefit seen in paralysis agitans, eclampsia and other convulsive conditions. As the result of the connection of the parathyroids with calcium metabolism, it has been suggested that it might be of great therapeutical importance to give women during pregnancy and lactation small doses of calcium to prevent softening of the bones and the decay of the teeth.

It is generally conceded that the pancreas has an internal secretion probably arising from the Islands of Langerhans, which is absolutely essential for proper carbohydrate metabolism. There is an abundant clinical pathological and experimental evidence to show that glycosuria and diabetes mellitus are associated with disturbances of the internal secretion of the pancreas.

It has been pointed out by some investigators that there is an intimate inter-relation of the ductless glands; and that the disturbance of the pancreatic internal secretion, directly or reflexly, by disturbances of other ductless glands, may account for the occurrence of glycosuria and diabetes with no apparent disease of the pancreas discoverable at autopsy. Glycosuria is known to occur from irritation

of the brain, injuries to the fourth ventricle, in acromegaly, diseases of the thyroid, and from too much absorption of suprarenal extract. The thyroid secretion influences pancreatic secretion in two ways: first, in hypersecretion of the thyroid, we get a lessened secretion of the pancreas; second, in hyposecretion of the thyroid there is increased pancreatic secretion. So you see there is an intimate relationship between the ductless glands.

It would take us too far afield to discuss the etiology of diabetes, but there is a consensus of opinion, that disease of the Islands of Langerhans always cause diabetes.

It is now a well established fact that the suprarenals are necessary for the life of the individual, since extirpation is followed by death. Even diseased conditions cause debility and finally death. The question arises what are the functions of the adrenals? A great deal of work has been done on the active principle, adrenalin. It has been found that the secretion of the adrenals enormously raises the blood pressure, and therefore performs the important function in maintaining the normal tone of the systemic arteries. Adrenalin is the strongest vaso-constrictor that we possess. It acts chiefly on the muscular coat of the arteries, and also as a stimulant to the heart muscle.

It is claimed that a proper amount of adrenal secretion is

necessary for normal development and health of the red blood cells. The further observation has been made, that the suprarenal secretion acts on the blood vessels of the kidney and can contract the kidney even in doses too small to be noticed by the general circulation. Therefore the suggestion commends itself, that hypersecretion may be an important factor in the etiology of chronic interstitial nephritis. Shafer claims that the cortex is a separate secreting gland tissue and may have close relation to the sexual organs and to pigmentation of the skin. Hyperplasia of the cortex occurs frequently in eclampsia and nephritis of pregnancy.

In Addison Disease, caused most frequently by tuberculosis of the adrenals, we find the following symptoms: progressive anemia, low blood pressure, gastro-intestinal disturbances, abdominal pain, bronzing and pigmentation of the skin and some mucous membranes.

There seems to be some antagonism between the secretion of the adrenals and that of the thyroid. The thyroid furnishes a vaso-dilator substance. The thyroid atrophies after fifty and hence while there may not be any increase in adrenal secretion, it may be relatively increased on account of the lessened secretion of the thyroid causing increased blood pressure. Hence it may be an important etiological factor in arterio-sclerosis.

Some observers have suggested

that neuresthenia, chronic low blood pressure without tangible circulatory excuse, may be due to under secretion of the adrenals; also surgical shock, and some form of uterine hemorrhage.

It has been shown conclusively that the whole pituitary body cannot be removed without causing death, hence are essential to life. We find the extract from the infundibular portion raises the blood pressure and increases cardiac activity, but much less than that caused by suprarenal extract. The hypophyseal extract causes slowing of the heart and prolongation of the systole. It is claimed by some that there is a close relationship between the functions of the pituitary body and the thyroid. In diseased conditions of the thyroid the hypophysis is often hypertrophied and vice versa. It has been shown that the secretion of the pituitary body has an important relationship to the growth of the skeleton. If the pituitary body becomes diseased during adult life, resulting in hyposecretion, a diseased condition as acromegaly occurs, whereas if the hyposecretion takes place during infancy, a condition known as gigantism occurs.

It has been claimed and even proved that there are instances of disease of the pituitary in which acromegaly does not occur, and cases of acromegaly in which macroscopically at least no diseased condition of the pituitary is found. This does not militate against the

acceptance of this etiology, as there may be supernumerary glands, or the pituitary may be so rapidly diseased that acromegaly does not develop. Tumors of the pituitary have been shown to cause cessation of menstruation, and also it has been claimed that the disturbance of the pituitary body may be the cause of some forms of headache and muscular weakness, since these conditions have been removed by the administration of pituitary extract.

We have taken a cursory review of the ductless glands and their secretions; we have pointed out their importance in maintaining the normal metabolism of the individual, and shown you that extirpation of any of them is quickly followed by death. We have also pointed out to you many pathological conditions which are thought to be due to a diseased condition of the glands themselves or a disturbance of their normal secretion.

The important question arises, in what way does the internal secretions influence the normal metabolism of the body? What is the nature of their specific products? That we cannot answer fully and satisfactorily will not disappoint you. But there are some facts and evidences which may at least suggest their mode of activity. The work of Pawlow and his school on the specific action of secretion elaborated in the small intestines, especially in the duodenum, which influences the flow of pancreatic juice,

may throw some light on the obscure mode of action of other internal secretions. Von Mehring and Cannon found when the contents of the duodenum are acid, the pilorus remains closed, which process determines the gradual emptying of the stomach. Moreover the acidity of the duodenum determines the flow of pancreatic secretion until the contents of the duodenum are neutralized. This "acid reflex," as it is termed by Pawlow, is supposed to be due to nervous influence, a "reflex arc," the Vagus constituting the efferent nerve. Popielski and Wortheim attributed this "acid reflex" to a local reflex of the peripheral nerve center. But the experiments of Starling and Bayliss have shown that all nerve supply can be cut off leaving only the blood supply intact, and on the introduction of acid into the duodenum causes the same flow of pancreatic juice. Is it due to the acid? When the acid is introduced directly into the portal vein no influence on pancreatic secretion occurs, but if the acid is rubbed up with the intestinal epithelium and then introduced, a marked flow occurs. Hence the secretion of the pancreas is determined by the intestinal secretion of the epithelial cell, which secretion is brought about by the presence of the acid. Secretion is neither a ferment nor a protein, and is a type of a whole group of chemical messengers which are formed in one organ, travel in the blood

stream to other organs of the body and effect correlation between the activities of the organs of origin and the organs on which they exert their specific effect. Starling has termed these chemical messengers, "hormones," meaning, I arouse or excite, and claims they belong to the drug class and not to the toxin class, since no antibodies are formed.

For example: Carbon dioxide is a hormone and the chemical messenger of the respiratory center. The respiratory center differs from other parts of the central nervous system, in having developed a specific sensibility to carbon dioxide. It is not sensitive to oxygen tension, since a variation from 8 to 20 per cent. no increase depth of respiration occurs. But a rise of $\frac{1}{2}$ per cent. carbon dioxide tension increases respiratory volume 100 per cent.

Adrenalin may be regarded as a chemical messenger which acts on the whole sympathetic system, the generative organs, on the body as a whole and on parts of the body. Secondary sexual characters are due to chemical influences from the sexual glands, and not to metabolic changes set up by nervous reflex arising from the function of the sperm of ejaculations.

For example: the extirpation of the ovaries before puberty, prevents not only the onset of puberty and the occurrence of menstruation, but modifies the future growth of the whole body in direction of

the male character. Now the changes in the uterus which determine menstruation, are not due to ovulation, but to an internal secretion of the ovaries. In proof of this, Marshall and Jolly experimented on rabbits and found that the removal of the ovaries six days after copulation, prevented fixation of the ova; but the removal after the fourteenth day of pregnancy produced full term and healthy foetuses. The corpus luteum is the probable source of this internal secretion, as the destruction by the glavano cautery is as efficacious as the removal of the ovaries in determining the end of pregnancy.

Starling claims, and has shown experimentally, that the onset of lactation is not the result of the involuting uterus, or the ovaries, as total extirpation of the ovaries and the pregnant uterus does not prevent it. The essential feature, however, is the growing foetus. Starling and Miss Lane Claypen have caused the establishment of milk, in virgin rabbits, by the numerous injection of extract from different parts of immature foetuses. Therefore the conclusion that the growth of the mammary glands during pregnancy is due to the assimilatory or inhibitory effects of a specific hormone produced in the body of the foetus and carried thence through the placenta by the fetal and maternal circulation.

Now, gentlemen, we have brought the question of internal

secretion to your notice, in order that you may appreciate the important role played by them in the economy of the individual, with the hope that as medical men, we

may more successfully cope with obscure disturbances of the human machine and thus strengthen the appreciation of suffering humanity for our services.

AINHUM; QUIGILA; "RINGTOE"

By R. T. HAMILTON, M. D.,

DALLAS, TEXAS

TO THE EDITOR:

I read with much interest the article on Ainhum in the current issue of the Journal, contributed by Dr. D. H. P. Holley, of Key West, Fla. Several years ago a report of a case of this disease appeared in the Journal of the American Medical Association, and a few weeks thereafter I was called to see a man, full blooded Negro, who was suffering with it. The little toe of the right foot was involved, the second phalanx was nearly amputated; the constriction had cut off the circulation in the distal end, causing gangrene. He stated that he had been troubled with the disease for six years.

About four months ago I was called to see a Negro woman, age 34, whose little toe of right foot was involved. The second phalanx was gangrenous and was hanging to the first phalanx by a small piece of ligament. The trouble in this toe first started eight years ago. The second phalanx of little toe of left foot was lost in a similar manner six years ago, after twelve

years' duration. She gave a history of having suffered frost bite of both feet three months before her left toe began to trouble her. She is an only child, both parents are living and neither of them has had any trouble of this kind.

I note Dr. Holley says that for a long time he made a fruitless search for this disease in our "abandoned medical classics." In looking up the subject I found the disease mentioned to a greater or less extent, in the following well-known text-books:

Practice of Medicine, Osler, third edition, page 1147; Practice of Medicine, Tyson, fourth edition, page 1144; Practice of Medicine, Anders, fifth edition, page 1194; Practice of Medicine, French, third edition, page 1167; American Text book of Surgery, fourth edition, page 1321; International Text Book of Surgery, fourth edition, volume 2, page 941; Anomalies and Curiosities of Medicine, Gould and Pyle, popular edition, page 828.

While none of these books can be reasonably placed among our "aban-

doned medical classics," yet what some of them have to say on the subject is interesting and illuminating. Several of the authors, including Osler, devote only a few lines to the disease. Tyson and Anders devote nearly a page to it, Gould and Pyle devote three full pages to it, going deeply into its history, symptoms, etiology and histology. French states that "it has been variously described as a trophoneurosis, a result of repeated injury and cicatrization, a circumscribed scleroderma, a form of leprosy, and more recently, by Wellman, as probably caused by a jigger, the *Pulex penetrans*, since it shows a preference for entering this part of the foot, especially after injury." This is in harmony with the supposed etiology given in the article by Dr. Holley.

According to the American Text Book of Surgery the Caucasian is immune. The authority quoted by Dr. Holley states, "The Negro race seems to be the only one at present susceptible to this complaint," and further, "It attacks only the little toe of either foot. Just why this disease should confine its sphere to that particular toe is at present unexplainable." These statements in the reports published by the Johns Hopkins University are no doubt true in the Bahamas, where the investigation referred to was made, but according to the following quotations from the work of Gould and Pyle above mentioned, other of the

darker races are susceptible to the disease, and members of the body other than the little toe are sometimes attacked:

"In 1866 da Silva Lima, of Bahia, at the Misericordia Hospital, gave the first reports of this curious disease, and for quite a period it was supposed to be confined to Brazilian territory. Since then, however, it has been reported from nearly every quarter of the globe. * * * * Through the able efforts of Her Majesty's surgeons in India, the presence of ainhum has been shown in India, and considerable investigation made as to its etiology, pathologic histology, etc. Wise at Dacca, Smyth and Crombie at Calcutta, Henderson at Bombay, and Warden, Sen, Crawford, and Cooper in other portions of Southern India have all rendered assistance in the investigation of ainhum. In China a case has been seen, and British surgeons speak of it as occurring in Ceylon. * * * The disease has several times been observed in Polynesia. * * * So prevalent is the disease in India that Crawford found a case in every 2,500 surgical cases at the Indian hospital. * * * *

"The disease usually affects the fifth phalanx at the interphalangeal joint. Cases of the fourth and other phalanges have been reported. Cooper speaks of a young Brahman who lost his left great toe by this process. Crombine speaks of a simultaneous amputa-

tion of both fourth toes. Potopidan reports a similar case in a Negress on St. Thomas Islands. Sen reports a case in supernumerary digit, in a child, whose father, a Hindoo, lost a toe by ainhum. Eyles reports a case in a Negro in whom the second finger was affected. Mirault, at Angiers, speaks of a case in which two fingers were lost in fifteen days, a fact which makes his diagnosis dubious. Beranger-Ferraud has seen all the toes amputated, and there is a wax model by Baretta, Paris, in the Army Medical Museum at Washington, in which all the toes of the right foot have been amputated, and the process is fast making progress at

the middle third of the leg. * * *

"It may occur at any age, but is most common between thirty and thirty-five. It has been reported in utero by Guyot, and was seen to extend up to the thigh, a statement that is most likely fallacious. However, there are well authenticated cases in infants, and again in persons over seventy years of age.

"In some few cases the metatarsophalangeal joint is affected, but no case has been seen at the base of the ungual phalanx. The duration of the disease is between two and four years, but Dr. Evans's case had been in progress fifty years. It rarely runs its full course before a year."

"THE GOOD OF THE ORDER" A GREAT OPPORTUNITY

BY C. V. ROMAN, M. D.,
NAHVILLE, TENNESSEE

Secret societies have been a blessing as well as a bane to our people. The good, however, has greatly outweighed the ill. Lessons in co-operation have undoubtedly been the most valuable of the "secrets."

There is just now a great opportunity for our secret orders to become a positive blessing to our people. The enormous death rate is appalling. It is in the power of our secret societies to help this condition. How? By utilizing our lodge meetings as schools of

instruction. An hour given once or twice a month to the study of hygiene and sanitation would be quite as interesting as matters now discussed, and a deal more profitable. Why not let the "good of the order" become a real item on the program of our meetings? "How can we preserve the health and prolong the lives of our members?" ought to be as interesting and as important as "who will represent us in the next Grand Lodge?" When we visit the sick let us find, if possible, how we

should live to avoid like troubles ourselves.

The records of our lodges should show for what diseases sick dues have been paid; and how to avoid these diseases should be discussed for the "good of the order." Our Endowment Department should investigate closely the causes of death, and separate sharply the *necessary* from the *avoidable* deaths. The individual lodges should be furnished regularly with these facts quarterly or semi-annually. There should be a copy placed in the hands of every member, and how to lessen the number of necessary deaths, and to entirely eliminate avoidable deaths, should become live topics in our meetings. It would pay the Endowment Department to hire some competent person to prepare this literature—a systematic and constructive campaign along this line will not only be for the "good of the order," but for the good of the race.

Sickness is a serious tax upon the energies of a race and a high death-rate forms an insurmountable barrier to continued progress. Ill health is a chain that will securely bind the poor man to his poverty, and handicap even a rich man's accomplishment. Health is the first of earthly blessings and long life is the second. Wisdom and wealth, power and place, follow in their train. If we are to lose a large per cent. of our college-bred folks before they are thirty and the majority of our suc-

cessful men before they pass middle life, "In vain we'll strive to rise."

Physical energy is the basis of worldly success, and the primary need of our people today is to conserve their physical force. Our educated people must live long enough to pay back with interest the price of their education. The college bred man who dies at graduation, or soon thereafter, dies in debt to society. If he died through his own ignorance or carelessly, he absconds without paying his board bill. He throws away other people's money.

Our successful men must live until their successors are qualified, if we are to hold our own and advance. The thirtieth birthday marks the summer solstice of the average man's career. He should have at least thirty active years from that date to make good and reap his rewards.

A high birth-rate is not a full compensation for a high death-rate. The energies of the race are exhausted in merely trying to live and no strength is left for improvement. How much land could a farmer till if he broke fresh horses every morning? He could make no headway even if the horses were given him—and a race that loses its prepared men and women prematurely cannot find compensation for the loss in a high birth-rate. The drain must be stopped. *How?* By teaching our people to utilize all available op-

portunities to improve their physical condition. One illustration will suffice:

Davidson County, Tenn., has built a modern Tuberculosis Hospital with equal accommodations for colored and white. Although there are more deaths among the colored than among the whites from tuberculosis, there are fewer colored patients at the hospital than whites. The average colored per-

son stricken with tuberculosis would rather remain a burden to his relatives and finally die than go to the hospital and get well.

To enlighten our people along these lines is a great opportunity. Let us hope that our fraternal leaders may see that "The Good of the Order" consists in embracing promptly this opportunity.

—*Nashville Globe*.

PRESIDENT'S REPORT

ROCK CITY ACADEMY OF MEDICINE AND SURGERY, OCTOBER 21, 1912

*BY W. A. REED, A. B., M. D.

In all organizations, institutions or corporate bodies it is customary, at certain intervals to have an auditing—rather, a survey of the situation to ascertain whether or not the undertaking has been a paying one. If it has not been a progressive and paying affair, steps will be taken to make it so; and if it has been, steps may be taken to make it yield even greater returns. Now the Rock City Academy of Medicine and Surgery has been declared a worthy and profitable institution with its laws and regulations and even its penal code, hence it may be likened to a miniature state. Of course, when we liberally or impartially review the list of those who formerly donned the presidential toga or sat at the helm,

and the array of other associated officials, we could expect nothing but safety for the frail craft, though oftentimes launched when the waters were perturbed and the billows raging. And when I was asked to assume the role of president of this already thriving institution, I persuaded myself that it was a stupendous task, and these reflections filled my mind with a sense of the obligations imposed upon me and the great responsibilities associated with this office; yet being encouraged by a corps of efficient associates in office, I have endeavored to maintain the standard set by those of former times as a beacon light till we could steer safely into port. That this administration has been successful, I will not at-

*Delivered before the Rock City Academy of Medicine and Surgery, October, 1912

tempt to prove in minute detail, but will only recapitulate a few of the most salient features.

In the first place, while our increase in membership has not been startling, yet it has been appreciable. Through the influence and magnetism of our members, the few stray sheep without the fold have been brought in, and those already within have not been eager to depart, but anxious to remain. This shows stability in any organization, and proof of this assertion will be substantiated by our able recorder.

Our library has increased wonderfully, which may be readily attested to by our peerless librarian, several volumes having been added since our installation. It is a common occurrence to have members peruse these when seeking much needed information. We are proud to assert, too, that our books, periodicals, documents, etc., are no longer thrown promiscuously about our medical hall, but are safely and comfortably ensconced in a roomy and substantial book case, donated by the late Dr. R. F. Boyd, another mark of improvement during our academic year.

A public meeting is no new step, but the year now ending is the first to witness as many as two. Of course the one scheduled for East Nashville was not a crowning success; our order being somewhat dampened and our enthusiasm almost subdued by *Jupiter Pluvius*; but the one held at South Street

Baptist Church was a record breaker, in point of attendance and impressions made by the participants. It was enjoyed by the profession and appreciated by the laity. Those who participated acquitted themselves ably, thereby giving such plain and wholesome advice against the spread of disease and the care of the home, that they are now called "apostles of sunshine" and harbingers of good news.

In finance we have been successful in securing and expending a handsome sum for charitable purposes. Thirty dollars were contributed to the State Tuberculosis Fund for red cross seals, by means of which we aided in the diffusion and dissemination of knowledge of how to prevent or cure the great white plague—Tuberculosis. We also redeemed a pledge, made during another administration, to G. W. Hubbard Hospital, of fifty dollars. This hospital stands as a monument of human endeavors and sacrifice of many years and as a fountain where the youth of today may drink and be filled with surgical and clinical knowledge. We were liberal and charitable in other instances, but these will be enumerated by our safe and efficient Treasurer.

Along ethical lines we have not been still. We are hoping to be able to boast that we have no members who would willfully violate the ethical laws regulating professional courtesy. We have become

so versed in ethical science that no physician of this friendly family would dare magnify or intensify a diagnosis already made by a fellow practitioner, in order that he may himself appear to approach the miraculous or divine. We would not raise coryza to pneumonia, measles to smallpox, nor an ordinary abrasion to a hopeless case of gangrene. This is after the fashion of a forger raising a check to a higher valuation. *Some* of our physicians have learned not to accept a case where they are being used in consultation. We have *all* learned to demand that a physician be courteously and honorably discharged before accepting a case as our own. And if a physician should do such unmanly things as mentioned above and offer the paltry excuse that he is being paid good money, we should fear him; and the logical conclusion is that for more money and enough money he might waylay us and like a highway robber bring us down to an untimely grave.

Our meetings have been interesting, instructive and inspiring to the extent that it is a regret when one has to be missed, which is rare except through some providential intervention. We have not engaged in festivities and other social pastimes, but have endeavored to manifest an unselfish purpose to be useful and helpful in as many ways as were commensurate with our advantages. During the year choice subjects were presented for dis-

cussion and elucidation and classical papers read before this august body. That the Rock City Academy of Medicine and Surgery is a real, existing institution, is verified by the fact that other institutions and organizations frequently confer with us and ask our advice, influence and co-operation in matters that are weighty and on questions that are vehement and grave. Even Dr. G. W. Hubbard, dean of the largest medical school in the world for Negroes, when approached by some of our committeemen, was so impressed by their sagacity and business-like demeanor, that he retained this committee as his advisory board.

Such cities as Chattanooga, Knoxville, and the mighty Memphis are wont to acknowledge our superiority as a professional unit, and pine and long for such harmony and peace among their members. Our unity is felt throughout the state and it has been demonstrated on several occasions, that all we ask is a Pullman car, and a hall or church in which to meet and we will have a state meeting ourselves, if others do not care to attend. Even one week ago, our trip to the Tuberculosis Hospital was so imposing in appearance that we astonished our neighbors.

Among other things in this organization we are made to feel that a knowledge of medicine is a marvelous revelation and a study of great beauty. We are taught to appreciate the sacredness of the

medical profession, which should not be desecrated or profaned as a mercantile affair. We are taught that our calling is sacred in that it brings before our daily notice that wonderful portion of matter destined to be for a season, the tabernacle of the human spirit. Our calling is sacred, too, because to the physician is entrusted opportunities to do good to his afflicted fellowman to more than an ordinary degree. Now since these things are true, the real physician should be sober and learned and not vociferous and stormy, but as a great writer once said, should be "calm and dignified as the brow of a cliff and not as dead leaves that rustle and fall, from each fitful gust along the roadside below." His presence in the sick room should be so inspiring and soothing, that, though the tempest may be raging without, all is calm and genial within. He should cultivate those adamant virtues and that probity and stability of character in order that when bribes are proffered he may, like the rock of Gibraltar, though the waves may roar and dash and lash in their fury, remain unmoved; and in this way he will emulate our greater exemplar, the lone Nazarene, who went about doing good, though he had no where to lay his head.

At present there is much striving for Eugenics and much comment on Euthanasia and the profession has astounded the world. Men of science have spent days in labora-

tories and nights in observatories. In the one they have unshrouded many hidden things; in the other they have worked out many abstruse problems, all to make our lives easy and happy. These men have contributed to the world's progress and are still roaming over the fenceless fields of investigation; yet we have the assurance from members of our association that we have never really entered the great garden of medical knowledge and scientific possibilities, nor viewed the fruits and the flowers therein, and the achievements already attained represent only the fringe and tendrils that hang over the garden wall. We are told that marvelous discoveries lie, as it were, within easy approach by our languid feet and easy reach of our hesitating hands.

We have not had to call before this dignified body a single member, during this year, who has committed an offense unbecoming a physician, and we trust that such exemplary behavior may continue in our ranks. But I would forbear to accept the credit of being instrumental in bringing about all these things as recited above, because I have had your co-operation and we have striven together to maintain the integrity of the greatest local Negro medical society in Tennessee; and were I to selfishly attribute this success to myself alone, there would be no surcease of conscious pricking and chastisement.

But during our onward march and feverish anxiety to reach the goal of scientific perfection and when all seemed well, we were called to halt and pay deference and mourn the irreparable loss of one of our most stalwart members, whose name was a household word and whose acts and deeds of kindness built for himself a monument in the hearts of his fellowmen, that will not yield to the insatiate tooth of time. In the full strength of years he was cut down like a flower. Time and space will not permit us to recount his many virtues and the illustrious deeds of charity and benevolence. He had great business acumen, and was "not a withered image of what he might have been," but seizing every opportunity that presented itself he developed into a magnificent character. He always lifted his hopes and aspirations high above the soiling dust of ignorance and superstition and pessimism; thus he grew and spread like the oriental palm that lifts its head upward to receive heaven's beautiful dew and sunshine, and amid a profusion of flowers and encomiums—tokens of love and respect, he was laid to rest. This hero, loved and revered by all, was Dr. R. F. Boyd. Therefore, gentlemen and brethren, being familiar with death in its manifold shapes; witnessing each day its sudden stroke on the one hand, its slow, secret, but insidious seige on the other, we are not permitted to become unmindful of the fact

that our stay also is brief and uncertain, "when measured by our moral wants and intellectual cravings."

Recommendations: First—That the Academy suspend meetings during July and August only; therefore elections, reports, etc., come one month earlier. Second: That papers be read and discussed at first meeting, and business and report of difficult cases at second meeting in each month. Program committee be instructed to adhere to same. Third: That public meetings remain in number two each year; one first part of November, other first part of May. Fourth: That summer clinics be resumed. Fifth: That the Academy meet ministers' alliance, or ministers meet Academy once a year for mutual good and understanding.

Now, gentlemen, as I doff the mantle of authority and responsibility, it is my fondest hope and most earnest desire that the same feeling of unity may continue to exist and that the friendship which has been engendered and nurtured by our having been associated for a noble purpose, may not grow cold, wither and die. And may we not beget an unbecoming presumption that we ourselves are mighty and powerful in our vocations, but let us remember that it is *God*, after all, who healeth our diseases and redeemeth our lives from destruction."

OUR HOSPITAL: A FACTOR IN THE PREVENTION AND TREATMENT OF DISEASE

*BY JOHN A. KENNEY, M. D.,

TUSKEGEE INSTITUTE, ALABAMA

On an occasion like this the language at our disposal seems entirely insufficient to give expression to our true and innermost feelings, and even though we had the words at our command, still they would fail to accomplish our purpose. Our feelings lie deep down within the innermost recesses of our souls, and could you, my friends, fathom these depths, then would you see that which mere words have failed to express,—that in which they fail me now,—that which through all the ages to come they will continue to fail in their purpose,—that attribute without which man or a nation, whatever their attainments, is yet lacking in one of the essentials. To repeat, you would see there a gratitude as profound and as sincere as ever welled the hearts of any people.

We wish in this weak manner to extend our thanks to those who have directly made it possible for us to enjoy these privileges—Mr. and Mrs. Chas. E. Mason. We wish they were here, not to hear our words, for they can not express our feelings, but to see through our glad countenances, through our beaming eyes, the windows of

our souls, that which lies deep down—our gratitude.

At this time of joy and happiness, because of the fruition of our hopes we would be deeply ungrateful did we not remember her who first made it possible for us to show by our stewardship in small things that we were equal to larger things. I refer to Mrs. Thomas Bennett, of New Haven, Conn., who gave the money for the old hospital, and who for years watched over that work, giving sums of money from time to time to improve it. We wish to thank her, not only for what she *has* done in this regard, but for that still greater largeness of soul, all too rare in the human race, which impelled her without bitterness or envy to step aside when greater opportunities presented themselves for us.

This beautiful structure with all that it contains, with rare possibilities for service, we appreciate and admire, but there are tender memories approaching almost to adoration for the old building down the hill. 'Twas there we had our first opportunities, 'twas there we had thrust upon us our first grave responsibilities; 'twas there

*Address at dedication of John A. Andrew Memorial Hospital, Tuskegee Institute, Alabama, February 21, 1913

with varying fortunes, we fought many battles with disease and death.

A simple rose to the living is worth a ton of wreathes to the dead. Even at the expense of a seeming digression I wish here to speak a testimonial to the trained nurses in general, and to ours in particular. Without the competent, faithful nurse, trained to second the efforts of the physician, the wonderful feats of medicine and surgery accomplished today would not be attainable. No one appreciates more keenly than I, that without the conscientious assistance of our head nurse and her assistants at Tuskegee Institute, our work would not have attained the success which has characterized it. Barring a few, a very few slight surface stitch abscesses, we have not in the ten years of our surgical work had a case of infection. I made this remark to a visiting physician two years ago, and she said with emphasis, "Doctor, this is not mere chance," and it is not. It is due to a rigid technic of asepsis on the part of the physicians and nurses, and it is only with competent conscientious nurses that such results can be secured.

Today the subject of preventive medicine is uppermost in the minds of many thinking people, not because they are drug nihilists, but because it is cheaper and far more practical to prevent disease than to cure it. Tuskegee Institute believes in this proposition, and to

this end we have bent our best efforts. Those who are in position to compare the Tuskegee Institute of ten years ago with the Tuskegee Institute of today will readily appreciate the great strides which we have made in this direction. The grounds present an entirely different appearance. The rubbish is not allowed to accumulate, but is daily gathered and hauled away—not by an ox cart, as was true ten years ago, but by horses and mules hitched to specially constructed wagons made to order. The numerous stagnant pools furnishing homes for mosquitoes and malarial miasma, have been cleaned and drained, and in many instances grass and shrubbery have been substituted. Instead of the old open wells with the objectionable chain and bucket, an abundant supply of pure, sparkling water furnished by compressed air from a system of deep wells has been provided. A partial sewerage system established, soil pollution has been reduced, with the result that typhoid fever, which was for a long time endemic among us, has about disappeared. Only now and then do we have a case. During the past twelve months we have treated only eight cases in our hospital, and none of these developed among our teachers and students on our campus.

Some months ago the statement was made by one of our newer instructors that he saw a buzzard light on the dome of the Tompkins Hall. My friends, those of us who

knew the Tuskegee of yesterday regard that incident in the most sanguine manner. The top of that dome is about 75 feet from the ground. We have seen buzzards walking on the ground just behind White Hall in the midst of our present campus. If we have, by improved sanitation, elevated them to that dignified height, we have reason for much encouragement.

There was a time when the anti-hospital sentiment was so potent that many of our students and teachers, and members of families hesitated to even visit our hospital. They seemed to fear that there was some malady about the place that would contaminate them if they came near. It was then very rare indeed to have a patient enter from the town of Tuskegee or from the county. 'Twas not unusual to hear the remark, "I'll die before I'll go to that place." Today that sentiment is very largely changed. There is no trouble in getting the students to enter our hospital for treatment; in fact, there are some who come all too frequently. Even the new students, many of whom have not seen a hospital, come to us and dare enter with a courage, resignation or bravado that is astonishing, and it is rather seldom now that we get alarming letters from parents to turn their children out of that "horse pittle." Teachers very readily and willingly exchange their comfortable rooms for the environs of the hospital. Families, too, in appropriate

and selected cases, accept the hospital suggestion with satisfactory acquiescence, and with reference to the country people, I must confess that I have been frequently surprised at the manner in which many of them have adapted themselves to the hospital environments.

Not the least important element of our work in this connection is the training of nurses. We make special effort to have every nurse we send out feel that it is her indispensable duty to spread the gospel of good health and right living amidst the people of her community. The field for colored nurses in the South is far from being filled. At the present rate at which the different schools are turning out nurses, it will be many years before there will be a surplus. There is comparatively little prejudice against the colored nurse. She may be looked upon as a kind of connecting link between the two races. In a way she has opportunities in this regard not possessed by members of any other vocation. She is admitted into the homes of the most cultured and refined, and as the trained nurse of a necessity has a greater or less amount of education, she is in a position to show these white families by intelligent and lady-like bearing, that there is refinement and education among the Negroes.

We have also from time to time published bulletins of health. These have dealt with such subjects as

tuberculosis, the hookworm disease, typhoid fever, the danger of flies and other topics along this line. Stereopticon lectures on tuberculosis, the hookworm disease and general sanitation have been given from time to time, as well as other health talks to teachers and students in the school; also to the Macon County Farmers' Institute and to some of the schools and county churches.

When the National Medical Association, composed of Negro physicians, dentists and pharmacists from all parts of this country, convened here last August, we instituted an innovation in the way of a conference between the farmers of the county and the attending physicians. More than seven hundred farmers turned out and took part in this conference, where, in a heart to heart manner, subjects pertaining to the health of themselves, their families and their communities were discussed by the physicians, and we have every reason to believe that the result was beneficial.

We hope to pursue the policy already inaugurated till this building will be a hub which will radiate in all directions throughout this community, Macon County, the State of Alabama and the entire South, health influences which will serve to better the living conditions of our people, improve their health, and increase their longevity.

In the erection and equipment of this building we have kept this

idea before us. In the first place, its location is ideal. The style of architecture, while substantial, is at the same time cheerful, bright and inspiring. Abundant light and ventilation everywhere. Eleven porches and verandas furnish outdoor accommodations in suitable weather from every part of the building. Special attention will be given to the rational treatment of diseases by the combined use of water, diet, exercise, light, air, massage, vibration and electricity. Drugs are to be used with discrimination. The whole system will embody the idea of education, so that patients leaving us will be better prepared to care for themselves, their families and their friends. In short, while conducting a modern hospital well equipped for combating the different classes of disease, we wish to give special prominence to the sanitarium idea. We offer a retreat for those who are weary and run down, and wish to rest and regain their strength.

With our genial, salubrious climate where one may enjoy himself in the open air every week and almost every day in the year; with our pure water supply, and other prevailing healthful conditions, and by no means insignificant, our excellent facilities for handling such cases, we should soon have many persons seeking admittance.

We have spoken at some length concerning the prevention of diseases. We shall now have a word or two to say with reference to the

treatment, lest the impression be obtained that we are not interested in that feature. From August 1st, 1902, to January 14th, 1913, we have treated in our hospital the following number of cases in wards, 11,848; number of out patients, medical, 11,770; out patients, surgical treatments, 9,230; number of operations under general anaesthesia, 281.

Patients have come to us primarily for treatment from the following places in Alabama: Besse-

mer, Greensboro, Anniston, Birmingham, Mobile, Opelika, Miller's Ferry and Kowaliga, and from all parts of Macon County and neighboring counties; also from the following places in Georgia: Augusta, LaGrange, Savannah, Waycross and from Denmark, S. C.; one from Oklahoma, and one from Central America. Thus you see we have not neglected the idea of treatment of diseases while giving attention to prevention.

ANESTHESIA

BY DR. E. CARRIE MITCHELL

OCALA, FLORIDA

Anesthesia is a condition of insensibility of feeling artificially produced. It is divided into two forms, local and general. Local anesthesia is that form in which a small area of the body is anesthetized. General anesthesia is that form where the anesthetic is inhaled and induces a state of unconsciousness during which the most extensive and prolonged operation can be done without pain.

Anesthesia is produced by agents known as anesthetics and they produce insensibility.

The choice of the best anesthetic and the safest method of administering it are questions of the utmost importance, for its improper use often mocks at skill and converts one of the greatest blessings into an agent of death.

Local anesthesia is best adapted to those cases in which the operation is confined to a small exposed area and also where the operation is of short duration and of minor character.

Some of the agents producing local anesthesia are alcohol, chloride of ethyl, cocaine, ice, salt and others.

General anesthesia suspends consciousness, relaxes the whole body and puts the patient for the time completely at the disposal of the operator and is suitable for all prolonged, difficult and painful operations. For general anesthesia, ether and chloroform are the agents principally used. In some states ether holds full sway, but in almost all of the Southern States chloroform is principally used.

THE ANESTHETIZER.

This office should be regarded as second to that of the operator, and should be placed in the hands of an experienced or skilled person, for timidity or bad judgment on the part of the anesthetizer may result in an imperfect anesthesia or too profound an anesthesia may kill the patient or excessive use of the drug produce a pneumonia or bronchitis, which may prove fatal. An unskilled anesthetizer is prone to forget his office and become involved in the operation, which, of course, endangers the patient.

He should provide himself with a mouth gag, tongue forceps (these two are not often needed), but when they are needed they are needed badly. He should also have a few small sponges to swab out the throat and mouth, a hypodermic syringe in good working order, and strychnine, digital in brandy atropin and nitroglycerine near at hand.

PREPARATION OF PATIENT.

Here lies the source from which an anesthetic is helped or thwarted. If it is possible to do so a patient should be actually prepared before administering an anesthetic for two or three days beforehand. The patient should be thoroughly examined and the heart and character of pulse should be noted so as to be compared during anesthesia, for often a heart is driven and over-stimulated, as in case (1): Patient, female, weight, 165 or 170 pounds; operated upon for cystic

tumor; patient was kept asleep for two and one-half hours, when patient collapsed. The pulse and heart were fair at the onset but the surgeon preferred, seemingly, a more profound anesthesia than the last stage of anesthesia and continued to pour on the chloroform, when finally resuscitation had to take place in a vigorous form.

A saline cathartic should be given the day before the operation and if the operation is to be performed at an early hour no food should be given prior to the operation. If later in the day, a small quantity of beef broth or malted milk can be given, but no food must be administered within three hours of an operation. See to it that the patient sleeps well the night beforehand, as the anesthetic will be taken easier. I have given hot baths with ammonia water and alcohol the night before and received excellent results. Some physicians give a hypodermic injection of morphine and atropin, a short time before the operation, to steady the heart, prevent vomiting during anesthetization, and to aid in bringing about insensibility. I have used it quite often, but I have found out that it delays the awakening of patient, and it is said to have objections to its use, as it lowers temperature, depresses respiration and interferes with the pupillary phenomena.

When the anesthetist begins he should place the patient in the recumbent position, see that the

clothing is loose around the chest and abdomen, remove false teeth from the mouth or any bit of candy or tobacco, and should make the patient as comfortable as possible. He should then apply some emollient to the face. Allow the circulation of air in the room, and if chloroform is to be given, he should begin by dropping eight or ten drops on the inhaler, which should be held above the face and slowly administer it until the patient becomes more use to it, and allow him to breathe naturally. The head should be lowered, if convenient, with the operator.

The inhalation of an anesthetic produces irritation of the fauces and sometimes a cough, secretion of mucus, acts of swallowing, dilation of pupils and sometimes struggling. The patient should not be instructed to breathe deeply, as forced inspiration may lead to cessation of respiration.

Some physicians make the mistake and pour on a large amount of chloroform, and especially as soon as the patient begins to struggle. This is dangerous, as the patient may inhale a dangerous amount of the anesthetic.

There are three recognized stages of anesthesia by Dacosta: Stage of excitement, stage of rigidity and stage of insensibility. This first stage is known as the active stage, and is the most dangerous of the three. Here the pulse becomes frequent and smooth, respiration becomes rapid and often of the con-

vulsive type, and if the chloroform is given slowly the patient passes into a state of intoxication with diminution of the senses and often illusions and hallucinations. Here is another place where one is apt to rush the anesthetic and use a considerable quantity by pouring the chloroform upon the inhaler. When the patient struggles he holds his breath and as struggling ceases he breathes full deep breaths; if the inhaler is saturated with chloroform he may inhale a dangerous amount. From this stage many patients (strong men and drunkards) pass into a stage of rigidity. The muscles become fixed, breathing impeded, respirations stertorus.

The next stage is one of insensibility. In this stage the pupils are contracted, but react to light, if anesthesia is profound the pupils dilate and will not react to light. The limbs, if lifted, fall as a dead weight, and in a normal case the respirations are easy and shallow, pulse is slow and there is complete sign of unconsciousness. I have found that most patients, if willing to the operation performed, take anesthesia easily, but persons addicted to the use of alcoholics or morphine are always difficult to anesthetize. Then, too, in some cases it is almost impossible to obtain complete relaxation and the breathing is always stertorus. This case can be relieved by throwing the head backward and jaw forward, by giving patient more air

or cleaning the mouth of mucus, as case (2): Patient, male; operated upon for removal of eyeball. Patient was given over two and one-half ounces of chloroform and was never under the anesthetic as described in text-books. We must always watch the pulse and respiration, for we can often be deceived by the moving of the chest walls and belly when no air is entering the lungs, and we must, therefore, listen to the breathing.

We must always try to prevent vomiting during anesthetization, as vomiting causes great cardiac weakness. In intestinal diseases there is more than apt to be vomiting, and such should be expected. If the vomiting is due to too much anesthetic, give the patient a few breaths of air, and if from incomplete anesthesia give more of the vapor. Shock is treated by suspending the anesthetic, hot saline fluid, etc.

In syncope open the mouth, lower the head, catch the tongue with fauceps and make slow, regular, artificial respirations with arms and legs.

Generally speaking, no two patients are anesthetized alike, and seldom do we find them taking the anesthesia alike. Children are easy

to anesthetize, but each case has its own "modus operandi," and one has to study the case in hand and have all emergencies ready, as one can never know when they will be needed.

Some patients appear well until an anesthetic is given, and then we find complications that we must know how to meet, as case (3): Patient, female; operated upon for hemorrhoids. Prior to malady, health was supposedly good, but on beginning the anesthetic patient began coughing and continued during the operation, which plainly showed a bronchial affection present.

Anesthesia is one of the greatest blessings to surgery, and for the relief of mankind. It helps some of the most painful diseases by its temporary unconsciousness and is a boon to the sufferer.

There are many, many things that I could relate to you, things that I have actually dealt with; time will not permit a continued effort. I urge you, however, to guard the office of an anesthetizer cautiously and keenly. Believe that the patient's life is in your hands. Notice your part of the operation and he who does his duty well in this capacity has done a noble deed.

GEORGE W. HUBBARD HOSPITAL

The George W. Hubbard Hospital is a beautiful three-story brick structure, including basement, situated at 1115 First Avenue, South Nashville, Tenn., containing fifty-five rooms, of which there are twelve wards for private patients,

are principally wards for charity patients.

The building measures one hundred and thirty feet in length, and sixty-four feet in breadth, and is steam-heated.

The north wing was opened on



George W. Hubbard Hospital, Nashville, Tennessee

one operating room, one anesthetizing room, one sterilizing room, two reception parlors, one head nurse's office, one interne's room, one students' room, two diet kitchens, one staff dining-room, six bath and toilet rooms. The remaining rooms

December 16, 1910, and the south wing in December, 1912.

This hospital, which was completed at a cost of about \$40,000.00, affords accommodations for seventy-five patients, and in emergency, one hundred.

During the present school year, September 14, 1912, to April, 1913, three hundred and thirty-six patients were treated, of which there were one hundred and ninety-five surgical and one hundred and forty-one medical cases.

The operations were of a varied character, among which were the following: Appendectomy, thirteen; salpingo-oophorectomy, seven; perineorrhaphy, three; abscess, three; external urethrotomy, four; tenotomy, one; hernioplasty, thirteen; exploratory, seven; colporrhaphy, one; circumcision, five; salpingo-hystero-oophorectomy, twenty-one; tumors, ten; podalic version, one; iridectomy, two; hysterectomy, twenty-eight; oophorectomy, five; staphylorrhaphy, one; uranoplasty, one; trachelorrhaphy, four; tonsillotomy, one; amputations, two; varicocele, four; fracture, five; gastro-jejunostomy, one; fistulo-in-ano, two; castration, two; hydrocele, one, extra-uterine pregnancy, one; ovario-

tomy, one; ventro-fixation, one; intestinal, anastomosis, two. Of these Dr. F. A. Stewart performed forty-one, Dr. D. H. Williams eighteen, Dr. C. V. Roman six, Dr. J. A. McMillan, thirty-seven, Dr. J. H. Hale thirty, Dr. G. H. Bandy ten, Dr. J. T. Wilson ten, while other operations were performed by visiting surgeons of the city.

In the medical cases were included typhoid fever, malaria, pneumonia, intestinal catarrh, pleurisy, diabetes, nephritis, hysteria, and rheumatism.

The mortality has been extremely low, only two and sixty-eight hundredths per cent. This fact reflects the highest credit on the hospital management and staff; but Dr. J. H. Hale's initial appearance as an operator with thirty major operations with but one death is a striking incident.

It is also interesting to note that this is a teaching hospital and the majority of the patients were clinical charity patients.

LEONARD HOSPITAL ✓

Leonard Hospital, an adjunct of Leonard Medical School, the medical department of Shaw University, opened its new building to patients February 5, 1912. The dedication exercises took place May 8, Wednesday, of commencement week. The principal addresses were given by Dr. McBrary, President of the State Board of Medical Ex-

aminers, and Dr. J. A. Kenney, L. M. S., 1901, now of Tuskegee Institute. Many other graduates were also present and added their words of appreciation.

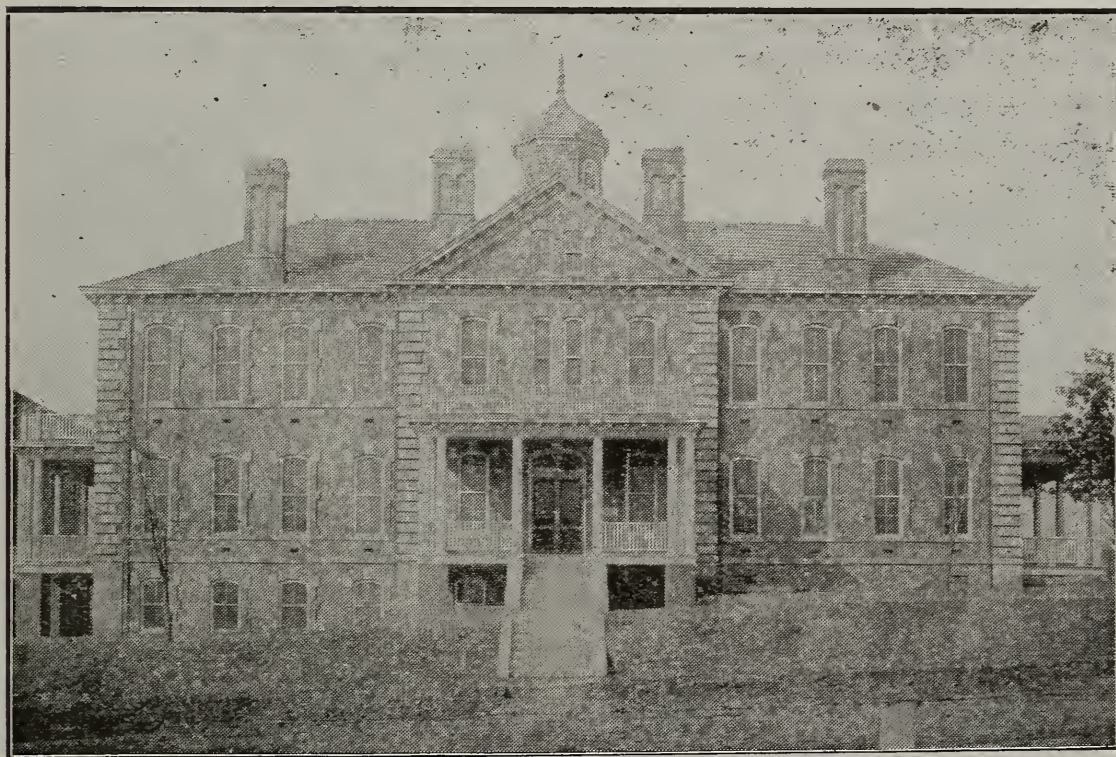
The new hospital is modern in every respect, having been constructed in accordance with the latest approved methods of heating, lighting and sanitation, and also

with regard to the convenience of the medical students in their clinical work. The teaching of the medical faculty in the school, which stands only a few feet distant, is supplemented by frequent bedside clinics in the hospital.

The hospital is so arranged as to render the different wards easy

the rooms within. The students reach the operating room by an outside staircase. There are in all nine outside doors in the building and two outside stair cases.

As one faces the building, shown in the accompanying cut, the men's surgical ward is seen on the right and the women's on the left. The



Leonard Hospital, Raleigh, North Carolina

of access to the students, so that in reaching them they are not obliged to pass through other parts of the building.

In each of the four lower wards there is a door opening on the verandas extending along the north and south ends of the building. There are similar verandas on the second story, communicating directly with the ground, as well as with

medical wards are in the rear, with windows looking towards the west. On the right of the entrance is the reception room, and on the left, the superintendent's office. On the second floor, in the center, is the children's ward, furnished by Mrs. Josephus Daniels, wife of the present Secretary of the Navy, "In loving recognition" of her children's nurse. At the right of the

room are the anesthetizing room, surgical supply room, sterilizing room and doctor's room, and in the rear of these, the operating room, said by many physicians to be among the finest in the state. Back of the children's ward, across the hall, are the recovery room, the linen and reserve supply closets. At the left of the center are the private rooms, and across the hall from these, the maternity wards. Many of these rooms have been furnished by the kindness of friends.

Dr. A. M. Moore, of Durham, N. C., presented the operating room with its furniture. Hon. Isaac Smith, of Newbern, furnished the men's surgical ward; the "Estey Girls" of 1911-12, the women's surgical ward; the women of the N. C. Baptist State Convention, the women's medical ward; Mrs. N. F. Roberts, Mrs. C. N. Hoover, the "Married Women's Club," and Miss Emerson, of Raleigh, fitted up very comfortably the private and maternity wards, and the Misses Benjamin and Miss Coburn, of Maine, the diet kitchen and linen and reserve supply closets.

There are diet kitchens and commodious bath rooms on each floor. In the basement are hospital kitchen, nurses' dining room, store rooms, laundry and operating room or dispensary for out-patients.

The whole hospital is finished in white enamel, and the diet kitchens, operating room, bath rooms, doctors' dressing room, and sterilizing

room, have tile floors and walls partly tiled. The effect is light and cheerful, even on the darkest days. An elevator takes patients from floor to floor when necessary. There are 65 beds and a few more could be added in emergencies. The hospital force consist of a superintendent, house physician, head nurse, four assistants, all graduate nurses, one or more internes, an orderly and housekeeper. We hope as soon as suitable arrangements can be made, to open a training school for nurses. In the meantime patients are assured of good care by nurses well fitted for their work, who have received their training in St. Agnes Hospital in Raleigh, Freedmen's Hospital in Washington, D. C., and Frederick Douglass Hospital in New Orleans.

Since the hospital was opened 300 patients have been admitted. They have come chiefly from North Carolina, very many having been sent by graduates of the Leonard Medical School, who are practicing throughout the state. Some have come also from South Carolina, Georgia, Virginia and West Virginia.

The charges are \$5.00 and \$10.00 per week, for general ward and private room, respectively, but no one is turned away for lack of funds.

Since the first of December 44 operations have been performed, 30 of these having been major operations. The surgeons who perform these operations are among the

leading men in their profession in the city, and they are also members of the faculty of Leonard Medical School. In the majority of cases they freely give their services, and in their daily visits show a devotion to their work which should earn the lasting gratitude of those lives they have saved.

This has been the first year of work in the new hospital, and the

equipment is not yet complete in all its details. When it is, and this we expect will be soon, we shall feel that we are exceptionally well fitted to carry out the two-fold purpose of the erection of the hospital; to aid the students of Leonard Medical School in preparing themselves for their life work, and to cure the ills of afflicted humanity.

—Alice M. Emerson, Supt.

JOHN A. ANDREW MEMORIAL HOSPITAL

Tuskegee's new hospital, a memorial to John A. Andrew, the war governor of Massachusetts, has been dedicated. This building is the gift of Governor Andrew's granddaughter, a loyal friend of the Institute, who contributed \$55,000 for its erection and furnishings.

The hospital is a two-story brick structure and is located west of the old hospital. In plan, it is in the shape of the letter "E." The site on which it stands is one of the high points on the school's grounds and overlooks almost the entire campus.

The outside dimensions are 90 by 136 feet, the three wings, or stems of the "E," projecting on the rear. On the southwest, or main side, is a one-story porch 10 feet wide and 82 feet long, supported by cement columns. The roof of this porch is flat and built of reinforced concrete to permit using it. The main feature of the front is a colonial porch 14 feet wide, supported by four large cement

columns extending the full height of the building and supporting a gable roof. Over the column is a carved stone giving the name of the building.

The main entrance to the building is from this porch through wide double doors into a hall 8 feet 6 inches wide. This hall leads to the kitchen and dining room. At the center of the building the entrance hall intersects another hall 8 feet 6 inches wide at right angles. The entrance hall contains a commemorative bronze tablet.

The first story contains the offices for the medical director and internes, an emergency ward, laboratory, class room, nurses' rooms, girls' and boys' convalescent and detention wards, bedroom for internes, X-ray room, diet kitchen, girls' and boys' waiting rooms, drug room, kitchen, dining room, pantry, toilets, closets, etc.

The second story contains large girls' and boys' surgical and medi-

cal wards and four private wards, two of which have private bathrooms, bedrooms and sitting room for the head nurse, children's ward, maternity wards, diet kitchen, operating room, sterilizer room, recovery room, anaesthetizing room, toilet rooms, linen closets, etc.

The basement contains a large storage room for furniture, medical supplies, etc. Not including the halls, the building contains fifty rooms, the basement containing one, the first story twenty-three, and the second story twenty-six. Generous space is provided for fifty-three beds, sixteen on the first story and thirty-seven on the second story. This does not include the bed rooms which have been provided for the head nurse, assistant head nurse, internes, pharmacist, stenographer and several pupil nurses.

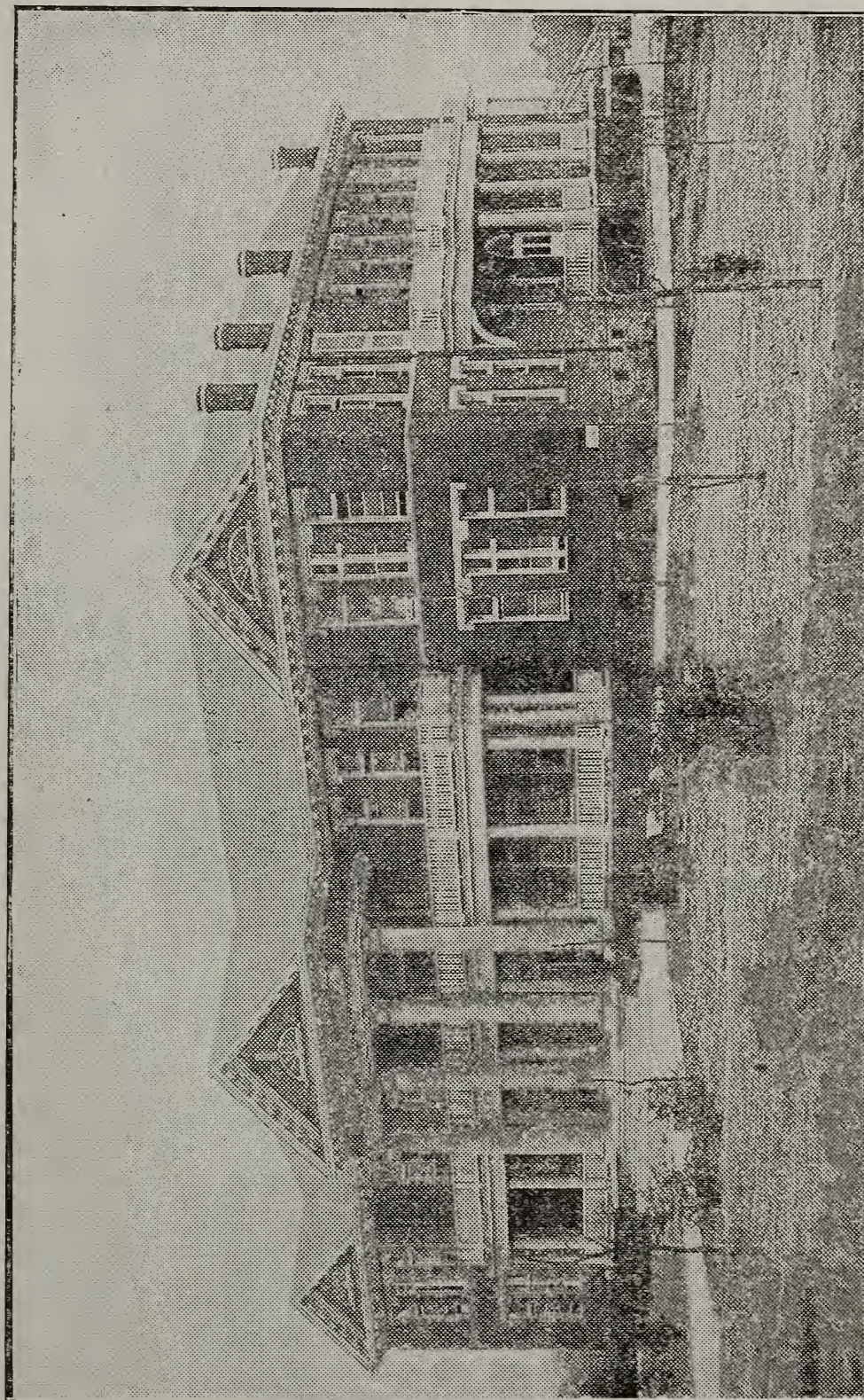
A passenger elevator, five by seven feet, is provided and a dumb waiter for carrying food to the second floor. Two wide stairways lead from the first to the second story. Wide porches are provided on all sides of the building, the roof being flat and made of concrete as described for that on the front.

The building is constructed of brick with artificial stone trimmings. The roof is covered with slate. The interior finish is yellow pine, except the floors which are of birch. The floors of the halls, kitchens, and bath rooms are terrazzo. The operating room, sterilizing room and anaesthetizing room

have tile floors and tile wainscoting, other floors are rift yellow pine and maple. A silent nurses' call system operated by electricity, has been installed, and a complete X-ray apparatus. The building is lighted throughout by electricity and heated by steam. Modern sanitary plumbing has been installed throughout in bathrooms, kitchens, etc.

The aim has been to make the building thoroughly sanitary and to this end mouldings have been omitted, sanitary doors, glass hardware, and other hospital fixtures and furniture have been used. The walls are finished in hard wall plaster and painted in such a way that they can be washed without injury to the paint. Architecturally, the building is designed in the colonial style and in harmony with the other large buildings on the school grounds. The building is largely the result of students' work from the digging of the clay, the making and laying of the bricks to the installation of the electrical work, the plumbing and steamfitting.

As a matter of simple fact, the John A. Andrew Memorial Hospital, erected at a cost of \$50,000, and the new equipment of which costs an additional \$5,000, was placed here by the granddaughter of the war governor of Massachusetts, father of the famous 54th Regiment of the Civil War, for the colored people of the South, who have few or no hospitals of their own,



JOHN A ANDREW MEMORIAL HOSPITAL—Tuskegee Institute, Alabama

and who are, as a rule, excluded from first-class treatment in the hospitals of the South. The John A. Andrew Memorial Hospital, which will be under the immediate direction of Dr. John A. Kenney, Medical Director of the Institute, and president of the National Medical Association, will not fulfill its mission unless from time to time the colored surgeons of the South make use of it for their work. It is an imposing structure, fitted out with every convenience known to hospital surgery.

The dedication was an impressive occasion. Chairman Low presided and Principal Washington made the opening address. The program follows:

1. Music—Hymn, "How Firm a Foundation."
2. Prayer.
3. Melody.
4. Remarks—Principal Booker T. Washington.
5. "The Growth of Tuskegee Institute's Health Department," Rufus Sampson, Class of 1914, Temple, Texas.
6. "Our Graduate Nurses," Mrs. M. H. Bright, Class of 1909, Columbia, S. C.
7. Music—Hymn, "Oh, Sometimes Gleams Upon My Sight."
8. Address—J. A. Kenney, M. D., Medical Director, Tuskegee Institute.
9. Address—"The Function of the Negro Hospital," George C. Hall, M. D., Chicago.
10. Melody.
11. Remarks—Dr. U. G. Mason, Birmingham, Alabama; Dr. W. A. Warfield, Surgeon-in-Chief Freedman's Hospital, Washington, D. C.
12. Presentation of Keys by Architect, R. R. Taylor, Director of Mechanical Industries.
Receiving Keys and Address of Acceptance, Hon. Seth Low, Chairman, Board of Trustees, who presided.
13. Tuskegee Song.
14. Inspection of Building.
Medical and Surgical Clinics in the Morning.

DRS. KENNEY AND HALL SPEAK.

Dr. J. A. Kenney, Medical Director of Tuskegee Institute, delivered a strong address on "The Prevention and Treatment of Disease." Dr. George C. Hall, the well-known Chicago surgeon, spoke on "The Function of the Negro Hospital." His address was lucid, helpful and strong. He said, among other things:

"To realize the urgent need of this great hospital located in the midst of a large Negro center, I have but to call to your mind that there are in the Southland over one million and a half people afflicted with preventable diseases, mostly Hookworm and Malaria, with Tuberculosis and Pneumonia adding to the list. A tremendous problem confronts us! The hospital plays its part in the solution by furnishing a place where the necessary information and effi-

ency are acquired to protect the lives of those whose health problems are largely in their hands. It furnishes the young Negro physician positions of internes, the value of which cannot be computed, and from which they are rigidly excluded in other institutions.

"It emphasizes the value and importance of original investigation. It furnishes laboratory facilities, the need of which would make it impossible for the Negro physicians to do up-to-date work. It helps him by increasing his skill, expanding his experiences, and makes him a stronger, more useful man in his community.

"The possibilities of their work should not be judged by what has been accomplished, as by what they have shown may be done. The work they may do is practically unlimited; many of them beginning as private institutions, become temples of value to the communities where they exist."

Dr. U. G. Mason, of Birmingham, Alabama, spoke for the Negro physicians of Alabama in a crisp, orderly and fine presentation of the need and service of such a valuable hospital plant as has here been provided. He enjoys one of the largest practices in the South. Dr. C. V. Roman, of Nashville, Editor of the National Medical Journal, represented Meharry Medical College.

HOSPITAL CLINIC

During the week of the dedication of the John A. Andrew Memorial Hospital, a medical and surgical

clinic was conducted under the direction of Dr. John A. Kenney, Medical Director. Fifty medical cases were treated and in addition to these there were operations upon twenty-four patients. Several of these patients were suffering from maladies that required two or three different operations, which were done while they were under the one anaesthetic. A large variety of conditions were present—there were several major cases as well as minor cases.

Dr. Kenney was assisted in these operations by Doctors U. G. Mason, of Birmingham, Ala.; Robertson, of Ensley, Ala.; W. H. Council, of Normal, Ala.; J. T. Suggs, of Florence, Ala.; G. W. Woodward, of Fort Valley, Ga.; R. H. Brooks, of Rome, Ga.; Chas. E. Thomas, of Anniston, Ala., and by his staff, Drs. A. B. McKenzie and Van Brown and the two head nurses, Mrs. M. E. White and Miss M. M. Booker. During the same time an Eye, Ear, Nose and Throat Clinic was conducted by Dr. C. V. Roman, of Nashville, Tenn.

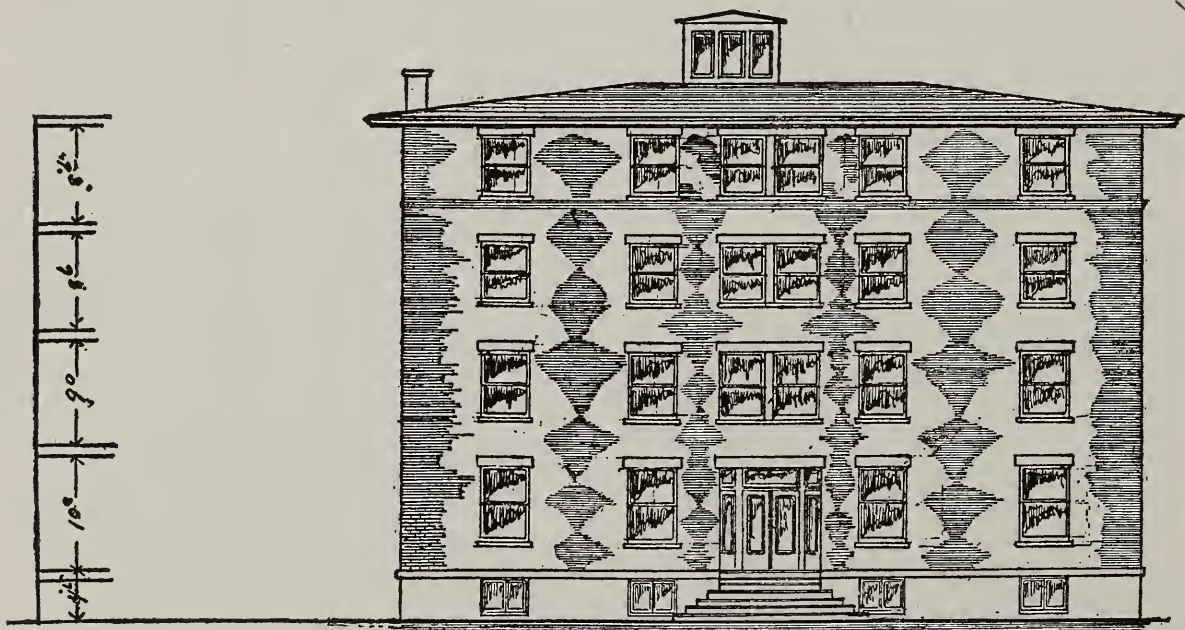
No charges were made for any of the surgical cases, or for examinations or prescriptions, and in many instances where the patients were unable to pay for the medicine prescribed, it too, was furnished free.

From the opening of our hospital on February 21st to April 15th, 1913, we have treated 250 cases in our wards and private rooms. The

following operations have been performed:

Extirpation of Lipoma of Back_	1	Extirpation of Tumor of Breast_	1
Perineorrhaphies _ _ _ _ _	3	Incision of Abscess above right ear and dissection of sac_ _ _ _	1
Excision of Coccyx_ _ _ _ _	14	Incision of Carbuncles_ _ _ _ _	1
Dilatations and Curettments_ _ _ _		Laparotomy with Breaking up Peritoneal and Intestinal Adhesions _ _ _ _ _	1
Varicocelelectomy _ _ _ _ _	1	Incision and Curettment of Osteoma of Finger_ _ _ _ _	1
Exploratory Laparotomies _ _ _	2	Curettment of Ulcer of Leg_ _ _	1
Appendectomies _ _ _ _ _	11	Extirpation of Fistula in ano_ _ _	1
Oopharectomies _ _ _ _ _	10	Circumcisions _ _ _ _ _	15
Salpingectomies _ _ _ _ _	7		
Hysterectomies _ _ _ _ _	7	These operations were performed on sixty different subjects. Of this number we regret that we must report the loss of one.	
Removal of Hemorrhoids_ _ _ _	4		
Anterior Suspensions of Uterus	5		
Perineal Cystotomy_ _ _ _ _	1		
External Urethrotomy_ _ _ _ _	1		

SARAH GOODRICH HOSPITAL NEW ORLEANS, LOUISIANA



FRONT ELEVATION. SCALE 3/32" = ONE FOOT
PROPOSED NEW GOODRIDGE HOSPITAL
H. F. MINRICHS ARCHITECT

This hospital, situated as it is in the very heart of the metropolis of the South, and within easy reach of all depots, furnishes unexcelled op-

portunities for the care of colored patients. Physicians and surgeons of both races send their patients here and attend them in person.

Out-of-town patients will be attended by the staff. Capacity, thirty beds (the new building will have 100 beds); cost, nominal. Ambulance will meet all incoming trains for those unable to ride on car, if notified.

The Nurse Training School in

connection will gladly receive the application of any colored girl who may desire to take up this course.

For full particulars, terms, etc., write the Superintendent.

DR. R. T. FULLER,
1566 Canal Street.

THE COTTAGE HOME INFIRMARY

The Cottage Home Infirmary and Nurse Training School, Decatur, Ala., was opened in 1900 in a cottage of three rooms. The work has grown until it now contains a two-story building of eighteen rooms.

In 1910 the first nurses were ac-

cepted, and these two will probably graduate at the close of the present school year.

Quite a variety of cases, both medical and surgical, have been treated in this institution with credit to its management and nurses.

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THIS cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

THE DETHRONEMENT OF A KING

"Dehortations from the use of strong liquors have been the favorite topics of sober declaimers in all ages, and have been received with abundance of applause by water drinking critics," sarcastically wrote Charles Lamb less than a hundred years ago, "but," continues the same author complacently, "with the patient himself, the man that is to be cured, unfortunately, their sound has seldom prevailed."

The writer, though born eight years after the death of Father Matthew, the great Irish apostle of total abstinence, remembers very distinctly when the occasional imbibition of alcoholic liquors, even to excess, did not endanger one's standing in respectable society. This was true of the very best communities. The sparkling glass envisaged Paradise and the brimming bowl drowned every sorrow.

Whether round the festal board or in the house of grief, ALCOHOL was king. Food for the hungry, drink for the thirsty, medicine for the sick, rest for the weary, hope for the despondent, wealth for the poor, power for the rich, inspiration for the poet, theme for the philosopher, crown for the victor, consolation for the vanquished; stimulant in depression, sedative in excitement, warmth for the cold of collapse, and cold for the heat of fever; the preacher's hope, the lawyer's help, and the doctor's health; magical food, wonderful drink, cogent medicine; *eau de vie*, *aqua vitae*, water of life, KING OF KINGS, lord of lords! Man has worshipped him!

They fought for him,
They bled for him,
For him filled many a grave!
They sighed for him,
They tried for him,
They lied for him,
They died for him,
Yet made he each a slave.

But the fight of the ages has been won; the throne of the tyrant is shaking. Soberness is now expected and demanded of all respectable people. In many quarters total abstinence is required to maintain social standing. The tippling minister has disappeared and the law of "survival of the fittest," is rapidly eliminating the drinking lawyer and the bibulous doctor.

A railroad engineer was recently discharged for drinking OFF DUTY. He appealed his case to the courts and LOST.

The State of New York has recently passed a law making it a crime for an intoxicated person to attempt to operate an automobile.

"When I first went to Washington," says Governor Sulzer of New York, "a man who did not drink was under suspicion; now, a man who drinks there is under suspicion." The saloon has been driven from the Capitol basement.

Alcohol has been outlawed from the social board, and

now medical officers of the army are seriously advocating total abstinence, for the higher officers, at least.

At a meeting of military surgeons held in Baltimore recently, a paper entitled, "Should Total Abstinence Be Required of Officers in the Military Service?" was read by Colonel L. M. Maus, who forcibly advocated the adoption of the affirmative answer to his query, concluding: "After a careful study of alcohol as a beverage, I am unable to find one single beneficial or useful purpose it serves in the human economy; on the other hand, even in moderate quantities it reduces every one's efficiency and impairs mental and physical conditions."

Indians from New Mexico were a few weeks ago at Washington seeking to turn their lands over to the United States Government in trust to avoid the introduction of "firewater" into their reservations by state laws; and the Indian votes, especially of the women, of Lewiston, Idaho helped the prohibitionists to win a great victory there.

The National Congress in February last passed a law (the Webb Bill) upholding the State prohibition laws.

Total abstinence is not a new doctrine. The Hebrew Children were as strenuous and unpopular at the Court of Babylon as a modern prohibitionist in some parts of Texas. It has been a long and bitter fight. Alcohol was king by virtue of his hold on human appetite. The majority of men have more belly than brains. Slowly but surely the facts have accumulated.

Statistics compiled by insurance companies show that the death rate for the population at large is 1,000 deaths per year out of every 61,215 of the population; and that the death rate of total abstainers is 560 per year out of that number, and for liquor dealers 1,642 deaths per year out of the same number.

The figures for the British Government and English Life insurance companies as to the effect of drinking on longevity are stated as follows:

If a young man at the age of 20 is a total abstainer and

remains a total abstainer, his prospect of life is 44 years and he will live to the average age of 64, but if he is a temperate regular drinker his prospect of life will be 31 years and he will live to the average age of 51, after losing 13 years out of his life. If he is a heavy drinker, his prospect of life is 15 years and he will die at the average age of 35, after losing 29 years out of his life.

"Upon a fruit tree watered with alcohol mixed with water the fruit will fall untimely. With animals the law is the same"

"For a drinking man there is less and less use in the business world. Whiskey-befuddled brains do not conduce to satisfactory work in any line. Indeed, in the experience of the industrial world is to be found one of the strongest arguments for the prohibition of the sale of intoxicating liquors."

"After a full investigation of a wreck on the Lackawana Road at Corning, New York, last July, in which forty were killed and seventy-five injured, the state public service commission has ascribed the frightful tragedy to the fact that the engineer of the train was on a drunken carousal the previous night."

THE PERSONAL LIBERTY ARGUMENT CANNOT LONG WITHSTAND SUCH FACTS

In the social and economical world the forces of King Alcohol have been utterly routed. The causative relationship of drunkenness to poverty and inefficiency is a demonstrated socio-economic truth. The same result has followed in the medical world. The physical damage resulting from the ABUSE of alcohol has long been conceded. Fatty degeneration of the heart, atrophy of the liver, arterio-sclerosis and insanity are well-known sequelae of alcoholic indulgence. Many physicians now believe there is no good attained by the use of alcohol internally.

"By a flawless course of reasoning, it has been demonstrated that alcohol is not a necessity to any person in health

and its utility in disease is strongly questioned. No harm would result should its internal administrations stop at once and absolutely," says a recent medical writer.

Alcohol increases susceptibility to fatigue, lessens physical resistance, diminishes mental acuteness. It is a protoplasmic poison. It is anaphylactic to almost all diseases, and diminishes both mental and muscular co-ordination. As an anodyne it cannot approach opium or the coal-tar derivatives. As a diffusible stimulant it is inferior to ether and many of the essential oils. Its food value is low, and its tonic value nil.

As a stimulant in collapse it cannot approach atropine. As an equalizer of the circulation in the beginning of coryza, sore throat, bronchitis, etc., it is in every way inferior to gelsemium and aconite.

Physical necessity, medical indispensibility, and personal liberty have been the strong holds of the advocates of alcohol. It has been more than a generation since any one has attempted a social, economical, moral or religious defense of alcohol as a beverage. Both observation and experience have united to demolish the physical necessity argument. It is not a necessity to any healthy human being, either mentally or physically, under any conditions.

Medical investigation and scientific experimentation have narrowed the field of its usefulness in medicine until its value in any form of disease is questionable.

This leaves only the personal liberty argument and indicates that the final battle with King Alcohol will be fought on moral grounds where the fight began. Personal liberty, "My Rights," is the only battle-cry left the panic stricken forces of the dethroned king. The limitation of personal liberty is a question of morals. The black flag of "no quarter" is up. There can be no compromise. It is the head and heart against the stomach. Heart and brain must rule, or civilization is a failure and MAN IS LOST. The highest morality consists in subjecting the passions

and appetites to REASON. Alcohol enables the appetites and passions to invade and overrule reason. Hence it not only demoralizes but brutalizes its victims. Appetite and reason are like two buckets in a well; when one goes up the other goes down.

The moral indictment against Alcohol comprehends a list of villainies beyond my power to catalogue or describe.

“He that is a drunkard is qualified for all vice.”

“Death deposes intemperance to do the work of age—the intemperate grow prematurely old and usually die untimely.”

“Voices are crying from the dust of Tyre,
From Kasnak and the stones of Babylon,
‘We raised our pillars upon self-desire,
And perished from the large gaze of the sun’.

“A grandeur looked down from the pyramid,
A glory came on Greece, a light on Rome,
But in them all the ancient traitor hid.
And so they passed like momentary foam.

“There was no substance in their soaring hopes,
The voice of Thebes is now a desert cry;
A spider bars the road with filmy ropes,
Where once the feet of Carthage thundered by.

“A bittern cries where once Queen Dido laughed;
A thistle nods where once the Forum poured,
A lizzard lifts and listens on a shaft,
Where once of old the Colosseum roared.”

Burns of Scotland, Alexander of Greece, Poe of America form striking illustrations of the impotency of genius to resist the juggernaut of this tyrant. The white man’s “firewater” more than any other agency, vanquished the American Indian. It was rum that demoralized the native African and made the barbarous slave trade across the Atlantic a success. If the ancient and hardy inhabitants of that dark and mysterious continent ever become extinct, it will be through the diabolical agency of Alcohol.

The awful murder record of America is largely attributable to the same agency. The greatest enemy of the American Negro today is neither Jimcrowism nor tuberculosis, but Alcohol. Drug addiction, of which alcoholic

drunkenness is the most prevalent, if not the most pernicious, example, is a present and actual danger to the perpetuity of the American Negro. A people passing from the restrictions of slavery to the responsibilities of freedom, is peculiarly susceptible to the seductive and debauching vice of drunkenness. Strong and clear-headed leadership is necessary to enable such a people to resist this baneful influence.

Is it too much to ask that the professional classes of colored people "strengthen the weak hands and confirm the feeble knees" by the example of total abstinence.

PROGRESS

To give an exact definition of a word whose meaning is perfectly clear is, at times, a very difficult task, and to define the thing itself is often still more difficult.

What is progress? We hear a great deal of the word just now. How much of the substance have we?

"A moving or going forward;" * * * gradual improvement in every respect that is possible to the nature of the individual or the race; the cultivation of man and of society to the highest point of possible attainments." —Webster. That is our ideal of progress. Have we reached the summit of terrestrial attainment? Can we truthfully say with Hercules, "*Ne plus ultra?*" Many wise and observant men are disposed to answer affirmatively the above questions.

"Is there anything whereof it may be said, See, this is new?" wrote the wise but pessimistic old King of Israel three thousand years ago.—Eccl. 1:9-10. Certainly man has not changed in physical form, mental capacity nor moral ideals in SEVEN THOUSAND YEARS. We seem to travel in a circle, ever and anon passing the same mile posts; at best it is a very fine spiral that marks our path, and if we pass not the identical spot we are very little above it.

The modern tendency to pay women less than we pay men for the same kind of work, taken in connection with the well-known tendency of the cheaper to supplant the dearer in any market, seems to head us back to that condition of society when women did the work and "men did the lying around."

The passing of morbid anatomy seems to be foretold in the tendency to regard STRUCTURE as dependent upon FUNCTION. Drugs certainly modify function and we are on the way back to drug-therapeutics as the holiest shrine in the temple of medicine, using the word, drug, of course, in the widest acceptation of the term.

The doctrine of heredity as taught by modern science, seems destined to teach in terms of Biology the faith-killing doctrine of predestination that was once fastened upon mankind in the name of religion.

In sociology and statecraft it is even worse. There is not an argument made by a politician to-day that was not old in the Golden Age of Greece and trite when Caesar paused upon the banks of the Rubicon. Just the other day the Governor of South Carolina was blatantly setting forth what "God Almighty intended" with as much assurance as Bishop Usher fixed the date of Creation.

Is there any progress? Are we headed toward it? I know not. Who in this darkness of the finite can turn the mystic pages of the future and read the cryptograms of the Book of Destiny? And yet the struggle will go on; for men must live, and

"Strong lust of gear will drive them forth,
And hunger arm their hands."

Disease will continue and the doctor be busy,

"For God in his wisdom has made a law,
That the rain shall fall and the fates shall call,
Whether we scoff or pray;
And the nettles shall grow and the roses blow
Together till Judgment Day."

Truly, "The ways of his thoughts are as paths in a wood thick with leaves, and one seeth through them but a little way."

OUR FRIENDS

To live in such a way that no person may justly regret having done you a favor, is a virtue that is an ornament alike to an individual or race. Friends are often more important than wealth. In fact friendship may be a sort of cornucopia from which may pour all the blessings of life. But it is not a hardy growth. Ingratitude may be the death of friendship and selfishness is the charnel-house of the affections. No man so poor as he whom no man calls friend.

"Who steals my purse steals trash, 'tis something, nothing;
'Twas mine, 'tis his, and has been slave to thousands;
But he that filches from me my good name,
Robs me of that which not enriches him,
And makes me poor indeed."

The friendship of a dog is not to be despised, and that of intelligent, virtuous men is to be prized above rubies. "The topaz of Ethiopia shall not equal it, neither shall it be valued with pure gold."

These reflections were brought to the editor's mind upon entering the office of Dr. O. D. Porter, of Bowling Green, Kentucky, an ex-president of the N. M. A. and subscriber to the Journal of the N. M. A., and finding upon his desk a copy of the New York Independent, one of the very best magazines ever published for an intelligent, busy man. It is in favor of justice for every man, and woman too, regardless of "race, color, or previous condition."

We heartily commend it to our readers. Let us remember our friends. The Independent is one of the oldest and the best. To subscribe for The Independent is a good New Year's resolution. (See advertising pages.)

Society notes, reports of cases, and personal items, marriages, removal notices, deaths, promotions, etc., form the most interesting parts of the Medical Journal, and are the most difficult things to get a hold of, because the men in possession of these facts won't furnish them to the editor.

The Maine legislature is contemplating the elimination of the word, Insane, from the names of the State hospitals.

Michael Faraday, the prince of experimental philosophers, was born in London, England, September 22, 1781. The pupil is often greater than the teacher; Tycho Brahe taught John Kepler; Bergman, the Swedish chemist, taught Scheele, Sir Humphrey Daly said his greatest discovery was Michael Faraday.

At a recent meeting of the American Association for the Advancement of Science, the statement was made that the rate of death in people over 40 years of age has increased in three years over 20 per cent. Is the lessened infant and adolescent mortality a sufficient compensation for this frightful loss?

Recent experiments by Von Adelung reported in the Inter-State Journal for February seem to show positively that a 2 per cent warm solution of permanganate of potash locally applied is an effective remedy for poison oak dermatitis.

OBITER DICTA

When not traumatic, iritis is usually a secondary disease; syphilis, rheumatism and tuberculosis being the most frequent etiological factors, in the order named—over 50 per cent. of the cases being luetic in origin.

Iritis is the most common eye complication of acquired syphilis, while keratitis plays that role in the hereditary form.

Oculo-motor palsies seldom occur in inherited syphilis.

Sudden blindness, with no ophthalmoscopic change, may occur in course of scarletina. Recovery is the rule.

Measles is a prolific source of ophthalmia tarsi in all its forms—and of corneal ulcers particularly of the phlyctenular forms.

Enlargement of the lachrymal gland often accompanies or follows the same condition in the parotid.

Conjunctival, orbital, or cerebral hemorrhages may occur during the paroxysms of whooping cough. Various paralyses may thus result. They are usually temporary.

Precision of utterance can spring from but one source, precision of thought.

Luck may be defined as the ability to meet opportunity half way.

"When in doubt which way to go, stand still and think," is a good motto for the doctor. Negative therapeutics is better than misdirected active therapeutics.

The value of mercury as an alterative is by no means limited to syphilis.

In regard to tuberculosis, I am firmly convinced that the high mortality of this disease among colored people is the result of economic and sociologic conditions and not caused

by either inherent physical weakness or racial idiosyncrasies. Here as everywhere else, a correct interpretation and skillful application of Nature's laws will show that Providence has made no invidious discrimination against her darker children.

Health, wealth and knowledge mixed in the proper proportions will produce that desideratum of life—*happiness*.

Work is squared by hurry and cubed by worry—method and skill operate in the opposite direction. To illustrate: Let the figure four represent the number of units of energy necessary to perform a certain work, your hurrying individual will expend four times four or sixteen, and your worrying person makes it four times four times four or sixty-four units of energy expended; while your methodical man makes it the square root of four, which is two, that is, the methodical man accomplishes as much with two units of energy as the worrying man does with sixty-four. Thus it is that difference in fortune arises oftener from difference in *MEN* than from difference in *OPPORTUNITY*.

"One must not only 'make hay while the sun shines,' but make hay out of the grass which other people let grow under their feet," said a wise old man.

Vogue is not always progress, and change is not always improvement. The ugly and vicious hat-pin of today is no improvement upon either the beauty or the utility of the "kissing strings" of my boyhood days.

You can't always judge motive by conduct. A man voted to eliminate "obey" from the marriage ceremony not because he believed in woman's rights, but because "the phraseology of the marriage ceremony is of no assistance to a man endeavoring to boss a woman."

Prostitution in this country is largely a commercialized asset of the liquor traffic.

A perfect lens should be "stigmatic," "collinear" and "autoscopic"; that is, the image made by the lens should be accurate, corresponding, point to point, line to line, and plane to plane to the object imaged. If you can make this plain to the average wearer of glasses, you have some knowledge of the subject as well as some power of explanation.

FAIR HAVEN INFIRMARY

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Established in 1910. Operated and controlled by Negro physicians.

This is the only institution in this section where colored physicians can place their patients and treat them. It, therefore, offers an opportunity heretofore unknown to the profession of this and surrounding cities.

All sorts of major and minor operations have been successfully performed here by the staff during the last two years.

The Infirmary has been recently

enlarged and refitted and offers all the advantages of a private home to the patients.

The charges are \$10.00 per week.

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W. F. Penn, M. D.

L. P. Walton, M. D.

L. B. Palmer, M. D.

Miss Rosa Ham, Head Nurse.

BY-PATHS OF ETHNOLOGY

INTRODUCTION.

"Know thyself," wrote the Grecian philosopher of old. "The proper study of mankind is man," echoed the English poet a thousand years later. The human mind finds itself limited to five general concepts: God, Nature, Man, Time, and Eternity.

Man's attempts to define God have grown out of the logical necessity of man's reason. The thoughtful mind must find a gnosis. The pious lucubrations of the saints are just about as illuminating as the learned disquisitions of the philosophers. The Scriptural declaration that "In the beginning God created the heavens and the earth," is no more insubstantial than the scientific acceptance of a "Supreme power, in and through which the primitive species of natural evolution must be postulated to have had their genesis." The "Unknown God" of Paul is just as intelligible as the "Unknowable Noumenon" of Spencer.

Passing over the concept, God, as indefinable in the terms of Science, we turn to the consideration of Nature, which may be defined as the totality of existence,

excluding God and man. While not entirely satisfactory, this definition will meet the purposes of this discussion.

Man is a self-conscious, self-centered being with limited powers and unlimited aspirations. He seeks to enlarge his powers by studying Nature, and realize his aspirations by learning God.

Time is but a figment of man's imagination by which he seeks to measure the perpetual flux of created things.

Eternity is that distant Aiden of the soul where time shall be no more and aspiration shall cease—never ending duration where—

"Everlasting Spring abides

And never withering flowers."

Man is so auto-centric in his thinking that he studies everything in relation to himself. Nature he studies that he may dominate. God he ponders that he may anticipate; Time is his instrument and eternity his hope. It is this auto-centric view which has crystallized the conclusions of human experience into the sentiment that "the proper study of mankind is man."

(To be Continued.)

SKETCHES FROM LIFE

"A tale should be judicious, clear, succinct;
The language plain, and incidents well linked;
Tell not as new, what everybody knows,
And, new or old, still hasten to a close;
There, centering in a focus round and neat,
Let all your rays of information meet."

"I hold this true whate'er befall:
I feel it when I'm crossed the most;
'Tis better to be loved and bossed
Than never to be loved at all."

The dashing young lady was anxious
her aunt, who was rather old-fash-
ioned, should look as presentable as
possible in her bathing costume.

"Sure, Aunt Ella," said the girl
rather cautiously, "you're not going to
wear your spectacles in the water?"

"Indeed, I am," replied her aunt.
"Nothing shall induce me to take off
another thing."—Judge.

Buckwheat Cakes and Sausage.
Wow,
Days of my boyhood,
I'm dreaming of you now.
Buckwheat cakes and sausage, say,
Nothing ever came our way
With the soul entrancing punch
Of a red hot, rich, brown bunch
Of the kind of buckwheat cakes
Only one's own mother makes,
Slid right off onto your plate
From the griddle at the rate
Of two a minute, they were what
Made the ordinary lot
Of mankind a sort of slice
Turned right out of Paradise.
Chunks of butter splattered on
Like the golden clouds of dawn
Melting o'er the morning sun
When the daytime has begun.
And the maple syrup stream
Seeping through them like a dream
Full of sweetness coming true

As it slipped inside of you.
Wow,
Do you mind that now?
Then the sausage on the side,
Pork and plenty, joy betide,
And the smell of them and sight
Fairly made your appetite
Paw the table, unrestrained,
Till a mouthful had been gained.
One big mouthful—close your eyes.
See the gates of Paradise
Opening wide, ah, happy fate,
There is plenty on your plate.
Buckwheat cakes and sausage—oh,
That was in the long ago,
And the kind we get today
Don't somehow just taste that way,
Oh, my;
Why?

—W. J. Lampton in New York Sun.

They Fled.

A flea and a fly in a flue,
Were imprisoned; now what could
they do?
Said the fly, "Let us flee."
"Let us fly," said the flea.
And they flew through a flaw in the
flue.

—Our Dumb Animals.

The Three Ends.

Joe applied to a Boston skipper for
a position on his ship. He said that
he knew everything which was to be
known about a vessel, although he was
only 15 years old.

"Well," said the captain with a
grin, "let's see how much you know."

Find me three ends to that rope there
and I'll give you a job."

He pointed to a new coil of rope.
Joe eyed the rope a minute and then
pointed to the usual two ends.

"There are two of your ends," he
said. Then suddenly, before the skip-
per could stop him, he picked up the
rope and heaved it overboard, saying
as he watched it disappeared: "That's
another end to your rope."—Boston
Traveler.

The World's Record Fish Lie.

William H. Hughes, former member
of the Missouri Fish Commission,
says: "I found a bright-faced boy
fishing in a clear pool. A dozen yards
from where he had his line in the wa-
ter I saw a string of fine black bass,
tied to a willow."

"Boy," I said, "don't you know it is
against the law to catch bass out of
season?"

"'Certainly,' he said, and kept on
fishing."

"Why did you catch those bass tied
to the willow down there?" I asked.

"Those fellows," he said, "they kept
stealing my bait, and I just caught
them and tied them up until I get
through fishing."—St. Louis Post-Dis-
patch.

Toasts to Woman.

Here's to the woman with man a care,
Who sits all day in an office chair,
And at night, when her day's work
there is through,

Goes home and find more work to do;
Gets up in the morning and cooks and
scrubs,

And wrestles around with laundry
tubs;

Yet the usual hour finds her smiling
there

Beside her desk, in the office chair.

If she's strong enough to these bur-
dens tote,

Here's to the States where they let
her vote!

—Minnie C. D. Smith in Judge.

Wisdom.

Men gazed upon his form in awe,
And women trembled when they saw
His stern young face.

"Here's one who knows all things,"
they thought;

"Yes, mental marvels he has wrought
With modest grace."

And when they saw where he might
come

They all ceased talking and were
dumb,

And lent an ear.

For words of wisdom he might say
They hung around in mobs all day
That they might hear.

Why was it that he seemed so wise?
This simple fellow, in the eyes

Of all the masses?

It was because he bought and wore
A monstrous pair of those new tor-
toise-shell rimmed glasses.

—Detroit News.

Optimism.

Ye see the curse which overbroods
A world of pain and loss;

I hear our Lord's beatitudes
And prayer upon the cross.

—Whittier.

Don't talk to me of solemn days
In autumn's time of splendor,
Because the sun shows fewer rays
And these grow slant and slender

Why, it's the climax of the year—
The highest time of living!

Till naturally its bursting cheer
Just melts into thanksgiving.

—Dunbar.

Bishop Isaac Lane, of the Colored
Methodist Episcopal Church, was in-
troduced during the recent session of
the Louisville Conference of the
Methodist Episcopal Church, South.
The Bishop was warmly received, and
in his response, gave to the Confer-

ence a "prescription which he had made for his own people." The Nashville Christian Advocate asks: 'Would it not be good for white people?' The prescription is:

"Two (2) drops of good manners.

"Twelve (12) ounces of common sense.

"Twelve (12) ounces of consideration.

"Put over a gentle fire of self-respect.

"Boil down to two (2) ounces of forgetfulness.

"Sweeten with manhood.

"Take nine (9) drops three times a day before meals.

"This prescription can be filled at the house of understanding, next door to reason. Pray to God three times a day on bowed knees in the city of contentment."

Bishop Lane also preached before a large congregation during the session of this Conference.

Not Known to Be a Candidate.

It was during the days of slavery. Hezekiah was fixed up more than usually well. He had put on a high-standing collar and gotten it tied into a fair shape around his neck. His master met him and accosted him with the words: "What makes you look so fixed up today, Hezekiah?"

Hezekiah became somewhat abashed, and with stuttering voice said: "Ain't you heerd, Massah, dat I'se now a preecher? Yas-sah, Massah, I'se done gone and takin' to the 'ligious work."

"Oh, is that it," said his master. "And what kind of a preacher are you?" he asked.

"Ise one of dese heah Pres-terium preechers. Yas-sah, Massah, dat's de kind I is."

"You believe in all the doctrines of the Presbyterian church, such as the doctrine of predestination, election, foreordination, and the sovereignty of God?" interrogated the Master.

"Yas-sah, Massah, I beleabs in all dem docterings."

"Well," spoke up the Master, "do you believe that I am elected to go to heaven?"

This was rather a stunning question for Hezekiah and it rather confused him for a moment, when he answered with the frankness of a child: "Ise not heerd, Massah, dat you am a candidate!"

A Level-Headed Parson.

Just before the collection was taken up one Sunday morning, a Negro clergyman announced that he regretted to state that a certain brother had forgotten to lock the door of his chicken house the night before, and as a result in the morning he found that most of the fowls had disappeared.

"I doan' want to be pussonal, bredr'n," he added, "but I hab my s'picious as to who stole dem chickens. I also hav reason fo' b'lievin' dat if I am right in dose s'picious dat pusson won't put any money in de plate which will now be passed."

The result was a fine collection, not a single member of the congregation feigning sleep. After it was counted the old parson came forward.

"Now, bredr'n," he said, "I doan' want your dinners to be spoilt by wondering where dat brudder lives who doan' lock up his chickens up at night. Dat brudder doan' exist, mah friends. He was a parable gotten up fo' purpose of finances."

Somebody Cares.

Always remember, when you're feeling "blue,"

Somebody cares!

Always remember—it isn't just you,

For somebody cares.

Sometimes it seems that life's hardly worth while,

But somebody's helped if you toil on and smile.

Somebody, somewhere, cares!

Maybe it's Mother, or Father, or
friend,

But somebody cares!

Maybe it's someone the future will send
Into your life unawares;

Maybe it's brothers or sisters who love;
But ALWAYS there's One who is
watching above—

Somebody, somewhere, cares!

Misunderstanding the Bible.

"Why doesn't the baby talk?" asked
the small girl of the young mother.

"He can't talk yet, dear; small ba-
bies never do," said the mother.

"Oh, yes they do," said the small
girl. "Job did—for nurse read to me
out of the Bible how Job cursed the
day he was born."

The Has and the Are.

I'd rather be a Could Be

If I could not be an Are;

For a Could Be is a May Be,

With a chance of reaching par.

I'd rather be a Has Been

Than a Might Have Been, by far.

For a Might Have Been has never
been,

But a Has Been was once an Are.

—Old Hickory in Dallas Express.

The Same Pill!

A physician gave a patient a box of
pills, with directions to "Take one pill
five times a day."

Saved by Absent Treatment.

"I owe my life to Dr. Perry."

"How is that?"

"I was next to death's door and the
two doctors who were working on me
gave me up and went away. Then my
friends sent for Dr. Perry, but he had
another engagement and he couldn't
come."

OF INTEREST TO PHARMACISTS

HAS THE DRUG CLERK A CHANCE?

By E. G. HOUSTON, Phar. D.

TUSKEGEE INSTITUTE, ALABAMA

Much has been said concerning the drug clerk, so I take the liberty to add my opinion towards this interesting subject.

When one stops to think of the long hours, the responsibility, and the small salary, why then he becomes discouraged and fails to see *his chance*. At this stage life then appears to be somewhat of a treadmill, but it should be looked upon as a means to an end.

But taking the other side of it. To begin with, every young man should be ambitious to be his own "boss" before entering upon the study of pharmacy, and after he finishes college and starts out to practice he should have this goal in view and work to that end. With this aim ever before him, the hours will not appear so long and the responsibility half so great.

As for the salary, it is true that the unskilled laborer gets more than the average pharmacist, still we are hoping that time will change this condition.

Our employers will realize that

the pharmacist has to appear well dressed, mingle to a certain extent in society, pay his board and lodging bills, and save a little on the side. In order to do this he must make more than \$60.00 per month. The wages of the unskilled laborer exceed this amount and he has just about half the expense.

An owner of a store remarked that good clerks were scarce. Why? Because the competent drug clerk is either buying his "boss" out, or opening up for himself just as soon as he can spell "able," otherwise, he would have to give up his profession, go on the road as a clerk, or find something else to do where less skill is required and a larger salary received.

Let every clerk wake up! Do his work well, gain the confidence and respect of all, and make *his chance* by going in business for himself. By so doing there will continue to be a scarcity of good clerks and larger salaries demanded and received by those who are just entering the field.

Miss E. C. Reynolds, of Me-
harry, is in charge of the new drug
store which has opened in Dawson,
Ga. It promises a bright future.

The oldest drug store in Atlanta,
colored or white, is planning to

open a wholesale and retail drug
store department in the near fu-
ture.

Miss H. B. Marble, a former
pharmacist of Tuskegee Institute,
Ala., is planning to open a drug
store in Helena, Arkansas.

OF INTEREST TO NURSES

By Miss ELVIRA F. BECKETT

PHILADELPHIA, PENNSYLVANIA

It will probably be of interest to the members of the National Association of Colored Graduate Nurses to know of some of the various fields in which graduate nurses are now engaged. They are many and varied, and statistics have been gathered by Miss M. F. Clarke, President of the National Association, and will be published in the report of the International Council of Nurses. But a broader view of the actual work being done will be obtained in Convention next September. An Emancipation Celebration is on foot in Philadelphia, beginning September 1, 1913, and the Convention has been asked to hold its annual session at that place,

the date to be published in due time.

Through Prof. R. R. Wright, one of the secretaries of the commission, the association has been offered the privilege of holding the convention in the Exposition Building. Mrs. Mary R. Tucker, R. N., has been appointed chairman of the Graduate Nurses' Exhibit. She requests all nurses in public work, city work, or district work to kindly send their names and addresses to Mrs. Gertrude Voorhees, 5748 Haverford Avenue, in order that she may send out information for the purpose of obtaining material for the Exposition from nurses in all the states.

By MRS. HOWLAND BRIGHT

COLUMBIA, SOUTH CAROLINA

Of the sixty graduate nurses Tuskegee has sent out, a few were young men who have later attended medical schools and have become physicians and are practicing in the states of Arkansas, Alabama and Georgia. Of the young women, we have seven acting superintendents of institutions, and a number of others doing private

nursing, and are located as follows:

Ruby L. Washington, class of 1902, has nursed successfully at Pensacola, Fla., since her graduation.

Mrs. Lula M. Johnson Crawford, class of 1907, has for a number of years done successful nursing at Pittsburgh, Penn.

Mrs. Dora Lindsey Harrison, who lacked a few months of graduating, did successful nursing at Washington, D. C., until her marriage.

Lena Jackson, also an undergraduate, is doing good work at Atlanta, Ga.

Mrs. Lilla E. Douglass Johnson, class of 1904, nursed successfully at Macon, Ga., until her marriage.

Mrs. Edith Bradley Mayfield, an undergraduate, has done some successful work at Montgomery, Ala., having been in charge of Hale's Infirmary until her marriage.

Mrs. Martha Jackson Huston, class of 1909, did very successful work at Macon, Ga., until her marriage.

Mrs. Annie E. Cook Barrow, class of 1909, did private nursing for Dr. Johnston, at Tuskegee, Ala., one year after her graduation, then went to San Francisco, was in Japan for nine months with a patient, returned to America, got married and lives in the State of Washington.

Mrs. Gertrude Randolph Hayes, class of 1909, did successful nursing at Donalsonville, Ga., until her marriage.

Mary L. Johnson, class of 1896, is doing good work at Chicago, Ill.

Mary Ellen Vaughn, class of 1900, is working successfully at Montgomery, Ala.

Euphemia Davis, class of 1899, since her graduation has nursed in Selma, Birmingham and Montgomery, Ala., also in Moreland, Miss.

She is doing very satisfactory work.

Mildred Clark is doing good work at Auburn, Ala.

Ora Francis Porter, class of 1905, is continuously employed at Bowling Green, Ky., with good results.

Bessie L. Mason, class of 1906, is doing good work at Bethany, Nebraska.

Jeanette Ruby Jones, class of 1907, is doing nice work at Hot Springs, Ark. She does some hospital work also, with great success.

Mary E. Crittendon, class of 1903, has for several years done very satisfactory work at Salisbury, N. C.

Mary Baskins Barr Harris, class of 1891, has for several years done very successful nursing at Los Angeles, Cal.

Analiza Rudolph, class of 1905, has been engaged at Montgomery, Ala., since she left school. She is meeting with great success.

Julia C. Richardson, class of 1903, has been nursing six years, and is now at Hot Springs, Ark., doing very satisfactory work.

Mrs. Lucy R. James, class of 1905, who has nursed since her graduation in the states of Alabama, Illinois and Florida, is now at Cleveland, Ohio, acting visiting nurse. She has also established an industrial school near Thomasville, Ga.

Tennie K. Allen, class of 1910, has done successful work at Nashville, Tenn., since her graduation.

DOING INSTITUTIONAL WORK.

Mrs. Malinda Kirkpatrick Russell, class of 1906, has acted as superintendent at the Lincoln Hospital, Indianapolis, Ind.

Pauline Dickens, class of 1911, is superintendent of the colored department of a hospital at Albany, Ga. She is the first colored nurse employed by the institution. Her services are satisfactory.

Mrs. C. P. White, class of 1911, is serving in an infirmary at Marshall, Texas. She is making a success of the work.

Mrs. Petra Pinn Walker, class of 1906, served for two years at the Hale Infirmary at Montgomery, Ala., then she accepted a position at the Red Cross Sanitarium, Louisville, Ky.

Armitta A. Nelson, class of 1910, has since her graduation been superintendent of the Hale Infirmary, Montgomery, Ala. Her work is perfectly satisfactory.

Clara I. Chaplin, class of 1911, is acting matron of an industrial institution in South Carolina. She also looks after the health of the students. Her work is good.

Alberta E. Allwood, class of 1911, is superintendent of the Cottage Home Infirmary, Decatur, Ala. She has some six nurses in training and is doing good work.

Augusta V. Crosby, class of

1894, is superintendent of the Nurse Training Department of the Voorhees Industrial School, Denmark, S. C.

Now a short sketch of my own work at the Good Samaritan Hospital at Columbia, S. C., where we have a hospital of twenty-three beds, nineteen of which were taken when I left Tuesday afternoon. We also have eleven cots which we use when our hospital fills beyond capacity. We have eight young women in training and from thirty-five to forty active surgeons. We receive emergencies from the oil and cotton mills, railroad and electric car accidents from physicians almost throughout the entire state. We have two main wards, one male, one female; two half private wards, male and female and three private rooms. We have recently installed a sterilizing plant for which we paid seven hundred dollars.

Miss Alberta E. Allwood, graduate of Tuskegee Institute Nurse Training School, has recently taken up her duties as head nurse in the Cottage Home Infirmary, Decatur, Ala. In a statement concerning her work she outlines her various duties, and is highly enthusiastic in the work in which she is engaged.

ITEMS OF INTEREST

The following editorial from the New York State Journal of Medicine will prove intensely interesting to the generality of our readers. It portrays a situation in which any general practitioner may be caught:

RADIOGRAPHY IN THE COURTS.

It would seem to be an opportune time to again refer to a continuing blunder of some of our physicians and surgeons in accepting indemnity insurance. The law makes the mal-practice of a physician a personal wrong described as tort; indeed, some of the varieties of mal-practice are little less than crimes. Such insurance should be unlawful. While it may be, indeed, it should be, a matter of good business judgment for a non-professional man to protect himself against accidents caused through carelessness or otherwise, committed by his servants and employees, with a doctor or lawyer it should be impossible. The very nature of his employment should prevent. His relationship is too close, too personal.

A careful, skillful and competent man of Long Island was recently sued for \$25,000 for mal-practice, in which he was charged with being careless and negligent in connection with the treatment of a fractured femur. Last week a verdict was rendered against him for \$11,700. The defense was conducted by one of the indemnity insurance companies of New York. The expert called by the plaintiff was a young physician of New York, with an experience of two years in private practice furnishing his foundation for expert opinion. Dr. Bristow, of Brook-

lyn, and Dr. E. Eliot, of New York, testified for the defendant.

The knowledge that the defendant was insured was brought out by the plaintiff's counsel by questions put to the jury at the opening of the case. This is just what was desired by the plaintiff, and had the effect of prejudicing the jury to start with. Without this unfortunate prejudice the case could hardly have been lost. A jury feels that so long as the doctor does not have to pay, but the insurance company is responsible, no harm is done to the doctor; but as a matter of fact, such a verdict oftentimes spells his professional ruin.

The policy of an organized defense as conducted by the State Society of this state is absolutely opposed to the insurance idea, and a decided stand must be taken, if necessary going so far as to decline to take any part in the defense of physicians who are insured. The Society has not yet gone so far, and our counsel felt it was his duty to act in such assisting capacity as was conveniently possible for him to do, but he declined to take any responsibility as to the outcome of the case from the beginning, and the defendant, in order to avail himself of the insurance was, of course, obliged to have the insurance company represent him.

From the summing up by the counsel for plaintiff and defendant, and from the charge of the trial justice, it was clear that the chief inquiries were directed to the non-use of the X-ray in confirming diagnosis and as an aid to disclosing the position of the fractured fragments of bone and also to the permission of the doctor to allow

the patient to go home too soon (9½ weeks).

Upon the advice of her family physician an open operation was subsequently performed upon the leg, and a Lane plate fastened to the fractured fragments after the chiseling away of the callus and a forcible reduction of the deformity. It appeared in the evidence that before the plate was applied five-eighths of an inch was taken off each end of the fragments, to "freshen" the ends. The X-ray plates taken after this operation showed from one-quarter to one-half inch shortening, caused by curvature in the axis of the bone by reason of the plate not holding properly. Eventually the plaintiff had a shortening of about two inches, and the jury's finding determined the question that the open operation was made necessary by the defendant's failure to have an X-ray picture made.

The charge of the presiding justice certainly did not help the defendant; indeed, it seemed strongly favoring the plaintiff. There was nothing, however, said by the Court from which the jury could say that they had learned how the Court felt about the case; but the review of the evidence and the drawing of the mental parallels seemed to be almost uniformly unfortunate for the defendant.

There was no evidence that any different splinting or bandaging should have been used than applied by the defendant. He called a surgeon of wide experience in consultation, treatment was continued for nine and one-half weeks under his care; it therefore becomes extremely difficult to understand upon what theory the minds of the jury operated, unless it was brought against the insurance corporation, coupled perhaps with sympathy for the plaintiff.

For the sake of the unfortunate defendant, who, under this policy, will have to pay more than half the verdict personally, it is hoped an appeal

will succeed and a new trial be granted.

The counsel for the State Society has had fourteen years of experience in defending mal-practice cases, and he has finally successfully disposed of approximately two hundred cases.

It is therefore urged that the State Society is adequately equipped to defend physicians who are sued, and they have but to ask to be furnished this defense. The jury prejudice against the insurance company is done away with, and the doctor can feel that he is equipped to make an independent fighting defense.

The fact brought out in the evidence which constitutes the real hardship in this case was that the defendant did his best to secure an X-ray radiograph of the fracture, but failed to get a satisfactory plate because the hospital apparatus, inefficient at best, was out of order. The superintendent of the hospital was notified of this not only by the defendant, but also by the house-surgeon. Nothing was done, however, by the Board of Managers during the entire time of the patient's stay in the hospital, nine and one-half weeks. It was the contention of the counsel for the plaintiff that the defendant should have notified the plaintiff of the uselessness of the hospital apparatus and have permitted her, if she could have afforded it, to have a portable apparatus brought from the city. Inasmuch as she left the hospital with but three-quarters of an inch shortening and now has two inches shortening as a result of operation, the logic of the jury is hard to understand. What is quite obvious, however, is the danger which threatens the medical profession from the use of the X-ray. There are scores of little hospitals throughout the state, either with no X-ray apparatus or one that is cheap and bad, without an experienced man in charge. The position in which this verdict places all physicians if up-

held is certainly unfortunate to say the least.

Dr. R. T. Hamilton, of Dallas, Texas, sends his check for \$5.00 as his contribution towards helping to make the Journal a success. He says: "I have found every issue of it indeed interesting and valuable to me as a medical practitioner."

DIABETES-MELLITUS.

I am undertaking an exhaustive research into the pathology, etiology and dieto-therapy of Diabetes-Mellitus. I am very anxious to hear from every physician in the United States who has a case under treatment, or who has had any experience in the treatment of this malady. Von Noorden says, "The best treatment for the diabetic is the *food* containing the *greatest* amount of *starch* which the patient can bear without harm." If any physician who reads this has similar or contrary experience, and would take the trouble to write me, I would esteem it a special privilege to hear from him, if only a postal card. Kindly address,

WILLIAM E. FITCH, M. D.,
355 W. 145th Street,
New York City.

Dr. Franklin H. Martin, Editor of Surgery Gynecology and Obstetrics, makes the following interesting announcement:

THE PLAN AND SCOPE OF THE NEW JOURNAL.

We have entered into agreements (1) with the editors and publisher, Julius Springer, of Berlin, of the new *Zentralblatt for Surgery* and the new *Zentralblatt for Gynecology*, viz: *Zentralblatt fuer die gesamte Chirurgie und ihre Grenzgebiete*, and *Zentralblatt fuer die gesamte Gynaekologie und Geburtshilfe sowie deren Grenzgebiete*, which have been authorized by the German Surgical and the German Gynecological Congresses, respectively; (2) with the editors and publishers, Masson & Cie, of Paris, of the *Journal de Chirurgie*; for the purpose of establishing an INTERNATIONAL ABSTRACT OF SURGERY, which will be a supplementary journal to SURGERY, GYNECOLOGY AND OBSTETRICS.

The plan which finally has been evolved includes:

First, a reciprocal contract between SURGERY, GYNECOLOGY AND OBSTETRICS and the *Journal de Chirurgie*, the leading abstract journal of France, which now abstracts, reviews and indexes in French the surgical literature of all countries. This journal will furnish us the abstracts of surgery from the Latin countries.

Second, a similar agreement with the two German abstract journals, covering respectively abstracts of surgery and abstracts of gynecology and obstetrics, which will furnish us with the abstracts of surgery from Germany and other European countries.

Third, the organization of a representative editorial staff on the part of SURGERY, GYNECOLOGY AND OBSTETRICS, supplementing the present editorial staff, to prepare indexes, abstracts and reviews of English surgical literature, and to translate and edit the surgical literature furnished by our foreign contemporaries.

The comprehensiveness of such a

plan, involving the combined efforts of three of the strongest publications in the scientific world, each speaking its own language to a constituency of a third of the civilized world, must compel a feeling of satisfaction to the most exacting critic.

The plan not only insures comprehensiveness, but with three strong editorial staffs representing the different languages, and able to speak authoritatively concerning the contributors and their contributions, provides a journal which for accuracy and authoritativeness must be superior to any that might be brought forth by one editorial staff attempting to cover all countries and languages.

The Journal in its completeness will possess the following scope:

1. A comprehensive index of surgery from all sources, arranged anatomically under departments, giving the author's name, subject of communication, and the name of the journal from which the article is abstracted.

2. An abstract of the surgical literature from all countries, prepared by the combined efforts of our French and German contemporaries and our own staff for Great Britain and America. This will appear under departments and will include abstracts and reviews of (a) original articles, (b) monographs, (c) books, and (d) clinics.

SOCIETY AND PERSONAL

The Rock City Academy of Medicine and Surgery, Nashville, Tenn., had Dr. Daniel H. Williams, of Chicago, as an honored guest February 3. Upon motion of Dr. Roman, the regular program was suspended and the guest requested to "speak as the spirit moved him."

Dr. F. A. Stewart was called upon by the president to introduce the speaker. This he did in a most acceptable manner, reviewing the history of the society and the members, tracing the meager hospital facilities of the beginning of our surgical clinics and showing how the guest of the evening, who had been with us for so many years, would always be welcome to our magnificent Hubbard Hospital, though we could now do all the operating ourselves. Dr. Williams' address was helpful, instructive and

inspiring. Though the speaker often apologized for his inability to make a speech he was at times positively eloquent. Dr. C. V. Roman responded in an impromptu address that was happily received and much quoted.

On motion of Dr. Townsend, Dr. Williams was made an honorary member of the society.

Only one colored applicant appeared before the Alabama Board of Medical Examiners at its January session, in the person of Dr. Edward Gray, of the American Missionary College. He passed successfully.

Born to Dr. and Mrs. E. A. Carter, Buxton, Iowa, March 15, 1913, a seven-pound girl.

CURRENT MEDICAL THOUGHT

By U. GRANT DAILEY, M. D.

A QUARTERLY ABSTRACT OF CONTEMPORARY MEDICAL LITERATURE

A. General Medicine and Therapeutics.

Accidents after Salvarsan and Neosalvarsan.

It is well known that the French have from the first looked askance, if not with positive disfavor, upon the use of the Ehrlich preparations. Gaucher (*Annales des Maladies Venereal*, July, 1912), from the enormous material at Hospital St. Louis, Paris, reports a not inconsiderable number of serious effects. The present reviewer had the privilege of examining with Gaucher several cases showing untoward results alleged to have followed the administration of salvarsan. Among those reported in the article under review are the following: (1) Dizziness, headaches and deafness three months after three injections of "606"; the vertigo disappearing after four injections of the mild chloride of mercury but the deafness and headaches persisted. (2) A case of death six days after third injection (intravenous) of salvarsan in a young man with symptoms of suppression of urine and coma. (3) In a young man of twenty there were albuminuria, icterus and uremic symptoms. The patient ultimately recovered. Was treated by venesection.

Two cases following neosalvarsan are reported: (1) A fatal case in a young woman, five months pregnant, who died with uremia and coma, two days after the second injection of the remedy (.06 grammes). (2) A case of paraplegia occurring four days after an injection of neosalvarsan in a young girl with ocular lesions due to hereditary syphilis.

Besides these untoward effects, the author recounts several cases of severe recurrences. Among these was a case of severe ulcerations followed by recurrent roseola, mucous patches and alopecia, five months after injections of "606."

TREATMENT OF HEMORRHAGE WITH SERUM.

Clowes and Busch (*N. Y. Med. Jour.*, Jan. 4, 1913) after a considerable study of this method of treatment of hemorrhage, come to the following conclusions:

1. Blood serum is found to be of considerable value in the treatment of all forms of hemorrhage due to low blood coagulability resulting from diminished thrombi content.

2. Human serum is in no wise superior to that of a variety of animals.

3. Blood precipitated by means

of a suitable mixture of acetone and ether is fully as effective as fresh serum if not superior to it.

4. The product obtained from horse serum appears to yield more uniformly satisfactory results than that obtained from the serum of other animals and exerts no deleterious effects.

5. The determination of the rapidity with which sera and solutions of precipitated sera at comparable concentrations cause coagulation of citrated blood plasma affords a simple means of estimating the relative activity of the preparations in question, and consequently of standardizing precipitated for clinical purposes.

While the methods of general practice ordinarily do not permit of any extensive employment of human serum, recourse to horse serum of the diphtheric antitoxin may be had in emergency.

HEXAMETHYLENAMIN.

This chemical body, more commonly known as urotropin, and its derivatives, is certainly one of the most interesting drugs introduced into medicine in the past fifteen years. A very wide range of employment followed the discovery of formaldehyde in the urine after sufficiently large doses, and the latter knowledge that the same end product may also be found in the nasal, dural, meningeal, biliary and other secretions.

In the Archives of Internal Medicine, October, 1912, Burnham records some very interesting obser-

vations, clinical and experimental, concerning the drug. There are at present no available reports of quantitative estimations of the formaldehyde in the urine and other body secretions after medicinal doses have been given and the author has attempted to fill this gap.

Burnham found that in the rabbit very large quantities of hexamethylenamin could be given but the drug passed through unchanged, while in the human, formaldehyde is practically always detectable in the urine. It is explained then why symptoms of vesical irritation follow excessive doses in man, while in the rabbit no such results are ever noted. What has just been said also shows how wrong it is to be wholly guided by the results of animal experiment. The reviewer wishes to remark that the drug is particularly apt to irritate the genital tract in infants and great caution must be observed in its employment in the very young. Burnham seems also to have established that hexamethylenamin unchanged possesses practically no bactericidal properties. He found very weak solutions of formaldehyde (1 to 12,000, 1 to 8,000) of considerable value in the treatment of cystitis associated with ammoniacal decomposition of the urine. The drug is rapidly eliminated, occurring in the urine fifteen minutes after ingestion by mouth, reaching its maximum excretion in twenty-four hours. Small doses of five to ten grains three

times a day rarely show any formalin in the urine. The results obtained, however, were very irregular, for even small doses sometimes were followed by formalin in the urine.

Free formalin was never found in the blood supporting the view that the hexamethylenamin is split in the kidney. It also raises the question as to how much formaldehyde may be detected in the secretions. He found that the quantities present were much too small for any antiseptic effect (1 to 150,000).

He does not believe that the drug possesses any definite value in the treatment of etitic and respiratory affections. We must, therefore, reconsider the question of the usefulness of hexamethylenamin in the prophylaxis and cure of infections outside of those of the genito-urinary tract.

BENZOL IN LEUKEMIA.

It is probable that the average practitioner sees but few cases of this disease. Yet the treatment of it is so unsatisfactory, that the advent of an agent that gives promise of benefit is hailed with interest at least. Billings (J. A. M. A., February 15, 1913), in an experience with five cases has seen such improvement with the use of benzol as to cause him to believe the agent has specific virtues. The drug had been used first by Von Koryani, later by Keralyfi and others. The dose given by Billings was 7 to 15 minims in emulsion.

The drug is not harmless, therefore it is advisable to err on the side of over cautiousness in its administration.

ORGANIC IODINE PREPARATIONS.

THEIR PHARMACOLOGIC AND THERAPEUTIC VALUE.

McLean's article (Archives of Internal Medicine, November 15, 1912) may be summarized as follows:

1. Organic iodine preparation—except thyroid seems to have no specific action in pathologic conditions, except of the action of iodine after separation of the molecule.

2. The iodized proteins seem to be of advantage for therapeutic use only in so far as they avoid gastric irritation. The more stable compounds are not entirely split in the body and are, therefore, not well utilized, while the less stable compounds have no advantages over the alkaline iodides, either as to local effects or as to rapidity of absorption and excretion.

3. Iodized fats and fatty acids seem to have advantage when the continuous action of small quantities of iodine is desired. They are also non-irritant to the stomach.

4. When large amounts of iodine are desired as in cerebro-spinal syphilis, avoiding the danger of iodism would be at a sacrifice of therapeutic efficiency.

SURGERY AND GYNECOLOGY.

GRAFTING IN THE COURSE OF OPERATIONS FOR MALIGNANT DISEASES.

W. J. Mayo (J. A. M. A., Feb. 15, 1913) informs us the earlier morbid anatomists (Virchow, Rok-
itarsky) recognized ontogenous grafting of carcinoma. Strangely, little has been written about it lately; however, the condition is quite apt to occur during operative manipulation. The author relates an early experience in which, following a pyloric resection, the abdominal wall became infected at the stitch holes. This led him fifteen years ago to begin the use of the cautery in abdominal carcinoma work. Traumatic dissemination of cancer is also not uncommon. The exemplified is the sudden metastasis following prolonged examination of a cancerous breast. The physician should be very respectful in manipulating any suspicious growth in the breast, bearing this fact in mind.

Enbolic vascular dissemination through traumatism also is common, especially in rectal carcinomata. This is shown by the frequency of liver metastases.

Mayo believes that the main factor in the increasing number of his cures is the use of the cautery, rather the dissection of the glands.

Sections taken for diagnostic purposes are a source of danger unless operation is to be done immediately.

Finally, the reviewer may be permitted to add that the claim made by knowing ones in the laity that operations for cancer of the breast only spreads the disease, has some foundation in fact. Anything less than a radical operation at an early stage is apt to heal with grafting in fascia and skin, besides a notable access of growth in the auxiliary metastases. The operator should not only be radical in the dissection, but exceedingly careful in manifesting the specimen in course of removal for fear of infecting the tissues left.

NEPHRECTOMY WITHOUT DRAINAGE FOR TUBERCULOSIS.

W. J. Mayo (Surg. Gyn. and Obst., Nov. 12) as a result of his experiences has come to the conclusion that patients with tubercular kidneys do better without drainage after nephrectomy. In cases where the wound is soiled by the tuberculous material he fills the cavity left with normal salt solution. When there is no contamination he closes, but without drainage. The stump of the ureter is a source of possible infection in the wound, and many surgeons either remove the kidney and ureter completely at the primary operation, or suture the stump of the ureter to the skin for the protection of the wound. Mayo injects 10 to 20 minims of the 95 per cent. carbolic acid into these ureters and finds that they rarely give trouble later.

Drainage following operations

for tuberculous lesions is, according to this author, unnecessary and apt to be followed by sinuses and fistules.

THE TREATMENT OF WOUNDS WITH SUGAR.

G. Magnus (Munch. Med. Woch., Feb. 25, 1913) finds that sugar possesses definite antiseptic effects and reports very favorable results, particularly with leg ulcers. It is fibrin solvent, combats putrefaction and promotes healthy granulation.

PRACTICAL POINTS IN DIAGNOSIS AND TREATMENT.

Cabot believes that the long held idea of headaches due to pelvic diseases is fallacious. With reference to the so-called "lithemic" and "rheumatic" headache he has this to say:

"Lithemia" means constipation and the indigestion of lazy, glutinous people, conditions which certainly do produce headache. "Rheumatic headaches" refer usually to the type associated with "stiff neck" and indurations in the bellies of muscles attached to the occiput or the temporal region. There seems, however, no sufficient reason for continuing the tradition which applies the word "rheumatism" to such lesions.

Contrary to current belief, this observer doubts whether anemia itself ever causes headache. Of 697 cases of pernicious anemia, studied by him, 300 had no headache whatsoever.

Finally he suggests the following tests in headaches of obscure etiology:

1. Thorough examination of the eyes (including retinoscopy), the pupil, and testing of intra-ocular tension (glaucoma).
2. Temperature record (infections).
3. Blood pressure measurement (nephritis, tumor).
4. Urinalysis (albumin, sugar, acetone).
5. Palpation of insertion of trapezoid muscles at the occiput.
6. Examination of nose and accessory sinuses.

Epistaxis, not otherwise explicable, should lead to investigation of the kidneys (Herrick).

The following is recommended by Julius Friedenwald as an efficient stimulating and antiseptic mouth wash in *pyorrhea alveolaris*:

R/

Hydronaphtholis ---- 1.0

Alcoholis -----30.0

Aquae -----30.0

Sig.—Thirty drops in a glass of warm water twice daily as a mouth wash.

The observations of Herrick (Am. Journ. Med. Sci., 1900, cxx) go to show that the dictum concerning the invariable absence of sugar in urine with a specific gravity of 1020 or less, is not invariably true. While a sugar-containing specimen is in the most instances above this figure, there are occasions, particularly after the ingestion of large quantities of water,

when the gravity may be below the normal in the presence of appreciable amounts of glucose.

The fact that hysterical patients may also have organic disease cannot be too often reiterated. In this regard, Cabot makes the following pointed remarks:

"A patient whose underlying malady is artério-sclerosis or chronic glomerulonephritis may yet present typical symptoms of hysteria or neurasthenia, and the latter are so insistent and so irritating that we are apt to neglect a thorough search for something else in the background. * * * * When nervousness of any type has appeared for the first time after the fortieth year in a patient who has never previously shown anything of the sort, a diagnosis of hysteria or neurasthenia usually turns out wrong or seriously insufficient. * * * In younger cases of nervous dyspepsia and of pallor, miscalled 'anemia' turns out to be

the earliest manifestations of tuberculosis."

Diaglen (3 to 5 cc hypodermically) and digipuratum (Knoll) are highly recommended in Cardiac in compensation at Von Noorden's clinic in Vienna. Digipuratum occurs in tablets each representing 0.1 grms. of digitalis, of which one to five are administered daily. (Clinical lecture by Jagic, first assistant at Von Noorden's Clinic).

Winter cough recurring each year is usually characteristic of *bronchiectasis*. This is the affection usually known as chronic bronchitis, though a considerable percentage of the cases so diagnosed are really due to pulmonary tuberculosis (R. C. Cabot).

Differences in the right and left radial pulses may be a congenital anomaly. In the presence of other pressure symptoms one much consider: (a) Aneurysm; (b) mediastinal disease, with the former the more probable.

POST--GRADUATE DEPARTMENT

STATE BOARD QUESTIONS AND ANSWERS

By U. GRANT DAILEY, M. D.

ANATOMY AND PHYSIOLOGY.

1. Give the origin and course of the pulmonary artery.

Ans. It springs from the anterior angle of the base of the right ventricle. Thence it passes upward and backward toward the concavity of the aortic arch, curving around the front and left side of the ascending aorta to reach a plane posterior to the latter, where it divides into its right and left branches opposite the fifth dorsal vertebra.

2. What would be the collateral circulation if the brachial artery were ligated below its profunda branches?

Ans. The superior and inferior profunda would anastomose with the anastomotica magna, the radial and interosseous recurrent, and the anterior and posterior ulnar recurrent.

3. Name the branches of the abdominal aorta.

Ans. Two phrenics, celiac axis (gastric, hepatic and splenic) superior and inferior mesenteric, supra-renals, renals, lumbar arteries, spermatic or ovarian, middle sacral, and right and left common iliacs.

4. Give the situation of the lymphatic glands of the chest.

Ans. Intercostal, on each side of costovertebral articulations; internal mammary, at anterior extremity of each intercostal space; diaphragmatic, on upper surface of the diaphragm; anterior, posterior and superior mediastinal, in spaces of same name; bronchial, both within and outside the lung.

5. What nerves supply the tongue?

Ans. Motor, hypoglossal; sensory, the gustatory branch of the fifth; taste, glossopharyngeal, and corda tympani through anastomosis with gustatory branch of the fifth.

6. Mention the flexor muscles of the forearm and describe one of them.

Ans. Flexor carpi radialis, palmaris longus, flexor carpi ulnaris, flexor sublimis and profundus digitorum, flexor longus pollicis, pronator radii teres, supinator longus.

The flexor carpi radialis arises from the internal condyle of the humerus by a common tendon with the other flexors from the deep fascia and intermuscular septum;

and is inserted into the base of the meta-carpal bone of the index finger. Action: flexion of the wrist and forearm. Nerve supply: the median nerve.

7. What is the composition of urine?

Ans. Urine is composed of about 96 per cent. water and 4 per cent. solid matter, of which urea forms about one-half. The other half is composed of earthy phosphates, alkaline phosphates, sodium sulphate, potassium sulphate, sodium chloride, uric acid, hippuric acid, extractives and the coloring agents indican, urobilin, etc.

8. What is the difference between emulsification and saponification?

Ans. Emulsification is the breaking up of fat into small pieces and holding them together suspended in a liquid in which they do not dissolve. Saponification is the replacing of the glycerine of a fat by an alkali, as the mixing of potassium hydrate and olein to form glycerine and potassium oleate.

9. Describe the physiologic process by which the bite of a venomous snake or the hypodermic injection of the virus causes death.

Ans. The poison is carried by the lymphatics to the right or left subclavian vein and reaches the general circulation, by which it is distributed to the various vital organs, especially the brain, and paralyzes the respiratory or cardiac center.

10. Name the excretions of the body.

Ans. The urine, feces, sweat and carbon dioxide.

PRACTICE OF MEDICINE.

1. What are the causes of rickets?

Ans. Bad hygiene, need of sunlight and pure air, indigestible food, artificial feeding, prolonged lactation and nursing during pregnancy.

2. Describe the treatment of rickets.

Ans. Plenty of sunshine and fresh air, little exercise, daily bathing and a nutritious diet. Iron, cod-liver oil and phosphorus.

3. What are the early manifestations of pulmonary tuberculosis?

Ans. Deficient chest expansion, the phthisical chest, slight dullness or impaired resonance over one apex, fine moist rales at the end of inspiration, expiration high pitched or prolonged and interrupted breathing. General weakness, lassitude, dyspnea on exertion, anemia, anorexia, loss of weight, slight fever, night sweats and hemoptysis.

4. Give causes and treatment of biliary calculi.

Ans. Predisposing causes: age, sedentary habits and obstruction of the bile duct. Exciting cause: microbic infection of the gall-bladder. Treatment: during an attack, give inhalations of chloroform, a hypodermic of morphine and atropine, diffusible stimulants for shock if necessary and application of heat. Prophylactic treatment: plain and

easily digested food, plenty of good drinking water, outdoor exercise and saline purgatives.

5. What may vertigo indicate?

Ans. Neurasthenia, congestion or anemia of the brain, eyestrain, meningitis, disease of the internal ear, tumor of the brain, gout, indigestion, heart disease, arteriosclerosis, autointoxication or it may be caused by certain drugs.

6. What should be done for hemoptysis occurring in the course of phthisis?

Ans. Give hypodermic injection of morphine gr. $\frac{1}{4}$ at once. Keep patient absolutely quiet; apply ice bag or cold coil to chest and stop ingestion of all food and drink except small pieces of ice to relieve thirst.

7. Give the most frequent causes of pericarditis.

Ans. Rheumatism, chorea, septicemia, scarlet fever and traumatism.

8. What are the symptoms and sequelae of a non-compensating heart?

Ans. Dyspnea, hemoptysis, cough, chronic bronchial catarrh, congestion of the stomach, intestines and liver, dyspepsia, gastritis, enlarged spleen, ascites, cyanosis, dropsy, scanty albuminous urine with casts, clubbed fingers, vertigo, headache and syncope.

9. What diseases are liable to occur in the right inguinal region?

Ans. Appendicitis, floating kidney, diseases of the liver and

gall-bladder, and inflammation or tumor of the tube and ovary.

10. What is Romberg's sign; Stellwag's sign; and with what diseases are they associated?

Ans. Romberg's sign is the inability of a patient to stand with eyes closed and heels together without considerable swaying or even falling. It is found in locomotor ataxia.

Stellwag's sign is a complete or almost complete, absence of winking as an involuntary act. It is found in exophthalmic goiter.

SURGERY AND GYNECOLOGY.

1. Give differential diagnosis between synovitis of the knee-joint and housemaid's knee.

Ans. In synovitis of the knee-joint the effusion is behind the patella, the patella is lifted up by the effusion, and floats. In housemaid's knee the swelling is in front of the patella, the patella does not float, and the joint is not affected.

2. Name the cause of intestinal obstruction.

Ans. Strangulation through apertures, or by means of bands and contracting adhesions; impaction of foreign bodies or feces; the presence of tumors; volvulus or intussusception; intestinal paralysis; diseases in the intestinal walls ultimately narrowing the lumen.

3. What are the chief surgical diseases of the groin?

Ans. Hernia (inguinal, femoral, and obturator), aneurysms, tumors, abscesses (psoas, glandular, and from hip disease), cysts, ulcers, si-

nuses, enlarged glands, undescended testicle, prolapsed ovary.

4. What are the causes of ischio-rectal abscess?

Ans. Predisposing causes: tuberculous and pyogenic infections. Exciting causes: trauma, fissure and fistula in ano.

5. Mention the symptoms and signs of acute appendicitis.

Ans. The premonitory symptoms are diarrhoea, followed by constipation, flatulence, nausea, and colicky pain about the umbilicus. The acute symptoms and signs are: temperature, 102° to 103° F., rapid pulse, pain, tenderness and hyperesthesia of the skin in the right iliac fossa. The thighs and knees are partly flexed. Nausea and vomiting are frequently present. Moderate leukocytosis, gradually increasing.

6. What are the causes of hemorrhage from the non-pregnant uterus? Give the treatment for the most usual forms.

Ans. Carinoma; intrumural fibroids; endometritis; polyps; uterine tuberculosis; inflammation and neoplasms of the tubes and ovaries; chronic metritis; certain constitutional diseases. Treatment.—Carinoma and uterine tuberculosis, if seen early, demand hysterectomy; fibroids, either hysterectomy or myomectomy. Endometritis should be treated by curettment, and intra-uterine polyps removed through the dilated cervical canal.

7. Give the physical signs of an acute peritonitis.

Ans. Tympany; tenderness of the abdomen; fixation of the abdominal muscles; fever; rapid pulse; nausea and vomiting; and lack of peristalsis. There may also be signs of exudate, appreciable by vaginal examination. The patient has an anxious expression. Abscesses, either general or local, may follow.

8. What are the symptoms of cancer of the uterus?

Ans. Menorrhagia or metrorrhagia, no matter how slight, are dangerous signals at the time of the menopause. Any increase of leukorrhoea is also suspicious. The late symptoms are the above, plus a foul discharge and cachexia, with pain as a variable factor.

9. What are Skene's glands?

Ans. Two tubules large enough to admit a No. 1 French probe, lying upon the floor of the urethra, parallel to its course. They are about three-fourths of an inch long and situated just inside the meatus.

10. Give the causes, symptoms, and treatment of subinvolution of the uterus.

Ans. Cause: Parturition. Symptoms: Backache, headache, pelvic pain, debility, leukorrhoea and menorrhagia.

Treatment: Repair of lacerations; correction of retrodisplacements of the uterus; cure of endometritis; and amputation of the cervix.

OBSTETRICS AND PEDIATRICS.

1. State the changes occurring

in the external genitals and vagina during pregnancy.

Ans. An increased vascularity, with edema and softening of the tissues, and a bluish discoloration of the mucous membrane.

2. Give the causes of the vomiting of pregnancy.

Ans. Reflex irritation; endometritis; engorgement of other organs; pathologic conditions of the stomach or intestinal tract; sexual intercourse; kidney insufficiency or other intoxication.

3. What structures compose the fully developed umbilical cord?

Ans. Two arteries, one vein, the vitelline duct, the pedicle of the allantois and Wharton's jelly.

4. What are the danger signals of impending eclampsia?

Ans. Sharp pains in the head, epigastrium, or under the clavicle; vomiting or nausea; *muscae volitantes*, with failure of vision; great restlessness or stupor.

5. How is the severity of an interstitial nephritis to be measured and treated in a pregnant woman?

Ans. By the early appearance of albuminuria and casts, edema, and headache. If the symptoms become marked, abortion is indicated.

6. What are the symptoms of an inevitable abortion?

Ans. Persistent hemorrhage, dilatation of the os uteri; tumor (Cystic) presenting in the os; marked and increasing pain; effacement of the acute angle between the cervix and body of the uterus (Tarnier's sign); expulsion of a portion of the ovum.

7. Give the method of delivery in twin pregnancies.

Ans. Immediately after the delivery of the first child examine the position of the second. Correct any malposition. After waiting about half an hour rupture the membranes and give ergot. Cut the cord of the first child between two ligatures. Apply forceps to the second child if there is any delay.

8. What is the weight of a newborn child?

Ans. Seven pounds; the extremes are from four to eleven pounds.

9. What drugs are to be given with great caution to children?

Ans. Opium, cocaine, the salicylates (because of their irritating qualities), the coal-tar products, such as antipyrin, phenacetin, and acetanilide (because of their depressing qualities).

OF INTEREST TO DENTISTS

BY R. C. BROWN, D. D. S., Editor
RICHMOND, VIRGINIA

EDITORIALS

ON TO NASHVILLE!

The curtain will soon be raised upon the fifteenth annual session of The National Medical Association. In the three previous years, the Association has met in Washington, Hampton and Tuskegee respectively, educational, interesting and picturesque localities, and it is most fitting that, when the gavel falls to reconvene the loyal fellows of the N. M. A. in 1913, the echo should resound upon the atmosphere of fair and progressive Nashville, to continue the cycle of famous Negro educational centers.

No "urge" is necessary to muster the few and faithful who, with pride and interest in their national representative body, make this duty and pleasure a calendar event of their careers. There are, however, special indications for a stimulus to those members or non-members who persistently consider their isolated and localized spheres sufficiently broad to develop in them the full and true stature of an ideal exponent of the profession progressive.

The education and inspiration of

attendance upon the sessions of the Association where—

" * * there's neither east nor west,
Nor border, nor breed, nor birth,
When two strong men stand face
to face,

Though they come from the ends
of the earth"—

are of inestimable value, and only he who has not shared the enthusiasm and contact of fellow practitioners from the many regions of the country is apathetic in his praise and obligation to the organization which strives to preserve his status in the world of medical fraternity.

Nashville invites you, awaits you, will heartily welcome and entertain you. Let's make her proud of the sons of color of the Art of Aesculapius!

The recess from the stress of professional cares and duties, the scenic and educational treats of travel, the hospitality of the convention city, and the interchange of ideas and principles in this, Medicine and its allied branches' most progressive era, will eliminate the term "sacrifice" from the conditions

of your attendance, and substitute the realization of great good and gain.

On to Nashville! echoes through the land, and the few and faithful are wondering, colleagues of the vast majority, if you will at last awake, and by your presence and participation in its activities, make the National Medical Association a truly representative body.

BUSINESS METHODS OF DOCTORS.

If any captain of industry or master of finance were asked the secret of his achievements in the world, he would reply, "System, simple, accurate and continuous." The successful business man places his affairs upon a scientific basis, knowing the status of his resources and liabilities, and not trusting to careless and unmethodical manipulation his possessions and income, chancing profit, or courting bankruptcy.

Strangely, the doctor, who gives so much of his time, energy and vital resources to his patrons, is seldom an astute business man, and, though not often destined to amass wealth, loses even the opportunity to provide a competency for declining years.

The doctor, like other business men—for all men have something they must be compensated for to afford them livelihood, material products or services—should keep an accurate balance between his income and his disbursements. He

should know his profits, and upon these as a basis, regulate his professional maintenances, provide for his domestic obligations, and make thrifty investments.

Especially does the doctor need to be cautious to avoid unscrupulous investments. The saying that "there is an easy-mark born every minute" applies as largely to the doctor as to other classes, and many an unsuspecting colleague has donated to "the whence it shall never return," money which might have brought good returns in safe and sound securities.

Let the doctor get the business habit and read his success in the leaves of careful, accurate and systematic accounting; and, when in doubt of the sterling value of investments, give himself the benefit of the doubt.

ORAL HYGIENE.

Oral Hygiene, our worthy contemporary in the dissemination of facts and figures of progressive dentistry, has attained such style and dignity, and pleasing proportions and tone, that we pause to pay it a well-deserved tribute.

With small, humble beginning, yet with a new message of oral health, prevention versus cure, Oral Hygiene has become not only "a thing of beauty and a joy forever," but the leading and most potent agent for the propagation of the principles and results significant in its chosen title.

Congratulations! May each is-

sue come forth under clearer skies, and may your messages of well-being for man continue to ring out until prophylaxis shall reign in every home, and the tax of diseases upon health shall give place to premiums in greater usefulness and contentment for all mankind through the possession of vital resources unimpaired.

OLD DOMINION STATE DENTAL ASSOCIATION.

Virginia.

The Colored dentists of Virginia assembled at the We-Us Hotel, Newport News, Saturday evening, February 22, 1913, to form a State organization to be known as the Old Dominion State Dental Association.

Officers were elected as follows:

Dr. Norman Lassiter, Newport News, President.

Dr. J. M. G. Ramsey, Richmond, Vice-President.

Dr. E. L. Rance, Suffolk, Correspondent Secretary.

Dr. John T. Lattimore, Hampton, Recording Secretary.

Dr. G. C. Strong, Norfolk, Treasurer.

Dr. C. A. Tomlinson, Norfolk, Librarian.

Dr. Roscoe C. Brown, Richmond, Historian.

Executive Committee:

Dr. O. R. Johnson, Petersburg, Chairman.

Dr. John Geary, Danville.

Dr. E. R. Dudley, Roanoke.

Dr. D. A. Ferguson, Richmond.

Dr. W. W. Jefferson, Norfolk.

Dr. J. L. McGriff, Portsmouth.

Dr. O. C. Marshall, Staunton.

The banquet was arranged by Doctors Lassiter and Latimore, and Dr. Ferguson played the role of toastmaster.

The organization of the dentists of the State is preliminary to the formation of a Tri-State Association of Maryland, District of Columbia and Virginia.

THE ROBERT T. FREEMAN DENTAL SOCIETY.

District of Columbia.

The regular monthly meeting of the Robert T. Freeman Dental Society of the District of Columbia was called to order by the president, Dr. C. F. Fry, at the office of Dr. Russell, 602 K. St., Saturday evening, March 29, 1913.

The regular routine of business was promptly dispatched, and the Society became auditors of Dr. Fray's essay reviewing the Histology of the Human Teeth. The technical treatise was made interesting in its exposition, and was followed by discussion of its many features.

The Society indorsed the Tri-State dental association call, and pledged full attendance upon the meeting at Buckroe Beach, July 19, 1913.

Business concluded, Dr. Russell threw open the portals of his home, and every glance was rewarded with the beauty and excellence which makes his domicile palatial.

The course of inspection led to the banquet room where, on table richly spread, dainty delicacies lay enticingly in the soft glow of the cheerful illumination.

Anticipation soon became realization, and a score of the fellows of the Dental Art engaged each other in chat and song. As the merri- ment drew near its climax, entranc- ing strains of music from sweetly

tuned strings added to the volume of cheer, and wafted the souls of good fellows to the zenith of joy, sending them home a-humming their measures.

Dr. Roscoe C. Brown, of Rich- mond, was present as honorary member and guest, and brought greetings from the colleagues of Virginia.

NOTES AND ANNOUNCEMENTS

TRI-STATE DENTAL ASSO- CIATION.—The dental profession of Maryland, District of Colum- bia and Virginia will assemble at Buckroe Beach, July 19, 1913, to organize a Tri-State dental asso- ciation. Dr. D. A. Ferguson, of Richmond, chairman. Dr. J. M. G. Ramsey, of Richmond, Secre- tary.

DR. ANDERSON, PRESI- DENT.—Dr. H. A. Anderson, D. D. S., was elected President of the Medical, Dental and Pharma- ceutical Association of Florida at its annual meeting held at Daytona. Dr. Anderson is capable and pro- gressive; we congratulate him upon this recognition of his ability.

NUPTIALS.—Freeman-Yancey. Dr. Louis B. Freeman, of Washing- ton, D. C., and Miss Charlotte Elizabeth Yancey, of Richmond, Va., Easter, in Washington.

LEGISLATION.—New State dental law of Virginia becomes op- erative after graduation of this year's classes.

State of R. I. vs. Evan B. Rosen- krans: First case to be passed upon by the Supreme Court of the Uni- ted States determining the consti- tutionality of a law regulating the practice of dentistry. (See Dental Cosmos, March number.)

Taggart Gold Inlay Machine— Court of Appeals of the District of Columbia. George W. Boynton vs. William H. Taggart. Decision of court below enjoining infringement of Taggart's pattern reversed.

NEW BOOKS.—An Introduc- tion to Dental Anatomy and Phys- iology, Descriptive and Applied. Arthur Hopewell-Smith, London, Eng.

The Practice of Dentistry. Leo. Greenbaum, M. D., D. D. S. Pub- lishers, D. Appleton & Co., New York.

Lectures on General Anaesthetics in Dentistry. Wm. Harper De Ford, D. M., D. D. S., M. D. Publishers, Lee S. Smith & Son Co., Pittsburgh, Pa.

Diseases of the Mouth. Prof. Dr. F. Zinsser. Translated and edited by John Bethune Stein, M. D. Publishers, Rabman Co., New York.

"Dental Lectures," "Food Talks With the Children," "Dental Laws Condensed." (See Dental Digest, April number.)

REPORTS. — Please send reports of dental society meetings or

dental proceedings of general societies, to the dental editor, 604 N. 29th Street, Richmond, Va.

QUERIES AND ANSWERS.

The dental section of the Journal will publish queries and answers exchanged between the members of the profession. Make this column interesting! Mail to dental editor.

WANTED—Reports on Dental Anaesthesia and Algesia, De Trey's Synthetic Porcelain, Pyorrhea, Oral Hygiene Movement, Schools, etc.; "good stuff" along any line of interest to dentists.

CURRENT CLIPPINGS

THE PURPOSE OF DENTAL INSPECTION.—The primary object of a dental examination of school children, is the education of their parents, to the end that 20,000,000 of children in our public schools may receive the treatment which is necessary to the preservation of their teeth, and to their physical well-being. It is a part of the educational propaganda. It should, therefore, be given every legitimate publicity, especially in the community where it is made. The people in Indianapolis are not profoundly stirred in learning that 90 per cent. of the children in the schools of New York are in need of dental attention. But they can be interested when shown that this

is true of their own city—possibly of the children in their own homes.—Oral Hygiene.

TOOTH BRUSH DRILL FOR CHILDREN.—The actual experiment of brushing teeth at school is the direct result of missionary work done and the co-operation extended by the local dental society. This society, through its officers, took the initiative by offering to supply tooth brushes and small tubes of dental paste to each pupil in the first three grades of our Stafford school, if the school board would arrange for necessary appliances. The board, realizing the new obligation as paramount, gladly consented to supply the equipment.—Oral Hygiene.

SOLDERING BRIDGE-WORK.—Do not use low-grade solder on a crown or bridge. It contracts, pits, oxidizes, and makes weak construction.—Dental Digest.

OPENING ABSCESSSES.—The cataract knife is the finest instrument I have found for opening an alveolar abscess. The point is so sharp and delicate that its insertion is practically painless compared with knives in general use for this purpose.—Dental Digest.

PERSISTENT MOUTH-BREATHING FOLLOWING ADENOIDECTOMIES.—In his inquiry why there are so many failures after adenoidectomies, and what can be done to facilitate nasal breathing, the writer comes to the

following conclusions: For the cure of persistent mouth-breathing, the nasal breathing exercises have not proved efficient. An operative treatment of the nasal condition is indicated, which treatment must be appropriate for the age of the patient. Patients should have the adenoid removed before the typical high palatal arch is formed. If this high arch is formed, the treatment should be dental, such as spreading the arch and regulating the teeth. Cutting a slice of mucous membrane from the enlarged lower turbinates, as an aid to nasal respiration, has given good results. A sub-mucous resection should not be made in children under sixteen. Electrolysis, using the bipolar method, is effective in reducing the enlarged turbinates, but is not suited for children.—Dental Cosmos.

Books, Lay Press, Etc.

ETHICS OF SURGERY

Question Arose in New York and Was Determined by the Courts.

It is only very rarely that the courts are called upon to pass on a question involving the ethics of medicine or surgery. The mere disputing of the amount of a bill is not such a question. But in a case finally determined by the Appellate Division of the First District in New York, as reported by the Times of that city, between two surgeons in the same hospital, the decision depends absolutely on the binding nature of the Hippocratic Oath, or the principles of the Hippocratic Oath as variously modified in expression.

A poor patient, a woman, was on the table of the hospital operating room. The fee for the operation, by contract, was \$10. The surgeon who was performing the operation had to call in another surgeon's help because an unexpected hemorrhage developed. The helper sued the surgeon who had asked his aid for \$25. If the defendant had paid the amount he would have been \$15 out of pocket, though what was charged was not apparently extortionate.

The court holds that the second surgeon responded to a call to save life, and could not have refused to respond without unprofessional brutality; that he could not claim any money return for doing so, except as a money return might be reasonable in the circumstances.

It is a good thing that such cases do not often have to be decided. It would be a better thing if they never came before the courts. Every doctor and every surgeon should hold the saving of life paramount to any money consideration. Unless he does he is no

credit to his profession.—Winnipeg Can., Telegram.

Woman Recovers From Operation.

Mollie Dickerson, colored, who was operated on at Riverside Infirmary by Dr. Robert T. Burt two weeks ago for fibro-cystic tumor, has been discharged as being well. The woman is 34 years old and had suffered with the growth of the tumor for nine years. On March 17 when it was removed it weighed fifty pounds and eight ounces, a most extraordinary size, even for this kind of abnormal growth.—Daily Leaf-Chronicle, Clarksville, Tenn.

Punishment for Wrong Diagnosis.

Dr. E. E. Kennedy has introduced a bill in the Colorado Legislature which, according to The Pharmaceutical Era, provides heavy fines and imprisonment for doctors' errors. Surgeons operating for appendicitis must show the appendix after the operation, and if the organ is sound the surgeon will be liable to a fine of not less than \$500 nor more than \$10,000 and imprisonment for not less than one year nor more than ten years, or both. Friends of the measure say that fully 90 per cent. of the operations for appendicitis are unnecessary. In addition to appendicitis the measure includes other diseases of the body, and subjects the surgeon to fine or imprisonment if other organs or parts of organs are removed when a clean bill of health is afterwards given by a committee of three physicians. Dr. Kennedy's bill is sweeping in its provisions and would prohibit others than registered physicians from prescribing or treating ailments. It would force osteopaths, opticians, Christian Scientists and others out of business, and under its stipulations it is even claimed

that a druggist would not be allowed to advise the use or sell court plaster for an abrasion of the skin or a slight cut.—Nashville Tennessean and American.

The Negro and the Laws of Sanitation.

The problems of sanitation are made more complex in Southern cities, more than in Northern cities by the presence of a large population in some cities, the largest, made up of Negroes who have received no training in sanitation, who know nothing of the most patent and salutary methods and who are by nature indifferent to the importance of caring for their health. Montgomery, among Southern cities, fortunately has the reputation of having an energetic and helpful policy of sanitation, notwithstanding the fact that practically half of the inhabitants of the city are Negroes.

Yet, with the Negro who has known nothing but poverty and ignorance, and who has not even learned why he should take the trouble to look after his premises or the health of his family, the sanitary officers have their most trouble. This is not a problem, peculiar to the Negro race itself; it is one of concern to the whites of Montgomery. In fact it is as necessary for the welfare of the white race, as it is for the welfare of the Negro race, for the members of the black race to be instructed in sanitation and persuaded to live up to the more important sanitary regulations. Though living separate and distinct, the living conditions of the two races overlap. There are thousands of Negro cooks in Montgomery, who go from the most unsanitary surroundings into the cleanest and best homes in the city; there are thousands of nurses, who come from nobody knows what sort of sanitary conditions to assume charge of the children of the city. The linen,

the clothes of the best families are taken to hovels to be laundried. It has more than once been pointed out by sanitary officials of Montgomery, that the laundry of two or three white families has been found drying in Negro cottages, in which there were tubercular patients and in which the conditions reeked with tubercular germs.

The white people, if not from a sense of justice, should, at least, from a sense of self-protection, aid those who are trying to help the Negro to better health and to instruct him as to the great benefits to follow the observance of approved sanitary regulations. During the recent Negro Teachers' Convention in Montgomery a valuable address to them was delivered by Dr. J. A. Kenney, of the Tuskegee Institute, who, it might be said, has been laboring, and with some success, to have the Alabama Negro improve his health and sanitary conditions. Dr. Kenney after impressing his hearers with the fact that 150,000 persons die annually in the United States of tuberculosis, largely a preventible disease, and that approximately 200,000 persons die annually in this country of other preventable diseases, said to the audience:

"Now to bring the matter close to our own doors, nearly all statistics from all sources show that our people—your people and mine—furnish the highest percentage of these deaths. I receive the monthly health reports from a number of different states and they all show that the death rate from tuberculosis in the Negro is about two or three times as great as among the whites.

"Some months ago I was interested in a report from this city, which showed that within a certain week there were twenty deaths in the city of Montgomery. I am further advised that the population of this city is about equally divided, but not so in

this instance. Of those deaths sixteen were Negroes—four were whites,—that is four Negroes to one white died. Worse still the whites who died were all advanced in years,—60 to 70 years, etc.,—practically the natural ending after having served their three score years and possible ten. With our people, according to the records, conditions were different. One died at the age of two years, and the majority were thirty, forty and fifty years of age—at the very time of life when they were most needed by their families, when they would be most serviceable to their state. These conditions are appalling! It means that preventable diseases are taking more than the average toll of life from our midst, and of these tuberculosis, typhoid fever, intestinal and venereal diseases predominate.”

This statement was followed by sound advice to his hearers, to watch their health, to study the conditions, which surround them and their fam-

ilies and to consult physicians freely. He advocated, no matter what the cost or trouble might be, the teaching of hygiene in the Negro schools of the State, and the adding to the qualifications of teachers in the Negro schools, a requirement to sound knowledge of the fundamental facts of hygiene.

The white people are overlooking a serious menace to their health, if they are indifferent to the manner of life of their Negro neighbors. The races, though apart, live too close together, for the ignorance and indifference of one not to have an effect upon the general health of the other. An excellent method of stamping out preventable contagious diseases among the white people, is to prevent its start among the Negroes. And, unless some effective sanitary work is done among the Negroes, the more successful work among the whites, will never be entirely successful.—Editorial: *Montgomery Advertiser*, Montgomery, Ala.

Therapeutic Notes

“Prevention is better than cure” is especially true of venereal diseases. As some people will not be good, we may as well, in the interest of society, assist them to be successfully cautious. To prevent infection after suspicious intercourse adopt the following procedure:

1. Thoroughly cleanse genitals with soap and warm water followed by a 1-5000 bi-chloride solution.

2. After urination inject 4cc of the following Rx. into the urethra and retain it for three minutes:

Rx.

Glycerin -----15.00

Aq. -----85

Protargol q. s.----2%

M.

3. Rub the penis thoroughly with the following ointment and then wrap the penis in a soft paper napkin:

Rx.

Calomel -----15.00

Adeps Porci -----50.00

M.

If instituted within a half hour, this is effective in preventing either gonorrhoea or syphilis if there be no abrasion of the skin or mucous membrane. The longer the time between exposure and treatment the less probability of success, yet it has succeeded many hours after exposure.

The Uses of Digitalis and Strophanthus

Among the heart tonics Eichhorst mentions a considerable number as demonstrable of value as shown by animal experiments, but concludes that clinical experience indicates that only two are reliable, the preparations of strophanthus and those of digitalis. While in the opinion of the author strophanthus deserves the first place, according to experimental researches their relations must be reversed in practice. Digitalis is the medicament of first choice. Of the preparations of digitalis, Eichhorst gives the preference to the powdered leaf and to the Digalen of Cloetta. "Practical Medicine Series."—General Medicine, Vol. 1, F. Billings and Salsbury, page 208.

Anedemin (compound strophanthus-squill-apocynum-sambucus) is wide in therapy, ideal in rationale. In all edematous conditions, resultant from cardiac, renal or hepatic diseases it yields exactly the results the physician wants. Anedemin acts upon the circulatory system, accelerates the flow in the thoracic ducts, rapidly returning the serum to the blood by healthy arterial tone from whence it is removed by diuresis and purgation. It is a non-toxic not cumulative, and patients do not have to be watched nor kept recumbent as in digitalis administration. It can be pushed to a finish. It is not a renal or gastro-intestinal irritant. As one leading clinician writes: "I prescribe Anedemin because I don't get results from digitalis half the time; elaterium is too valuable and too dangerous. I get

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Free from injurious drugs. Safely administered to children. Especially good in chronic bronchitis. Send for sample and try it now.

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results from Anedemin all the time." Anedemin is manufactured by the Anedemin Chemical Company of Chattanooga, Tennessee.

Surgical Shock: Its Prevention

In major operations, absolutely essential for the eradication of malignant diseases, the removal of neoplasms and similar shock producing procedures, occurring in individuals afflicted with advanced organic, cardiac and arterial disease, by subjecting such to a course of Digalen treatment for from four to six weeks, circulatory equilibrium is established upon a sufficiently firm basis to enable these cases to withstand serious operation successfully.

In the impending collapse, during major operations the injection of from 2 to 4 cc of Digalen after a few minutes cessation of operative procedure, has rendered it practicable to successfully terminate an otherwise fatal operation. So marked have been the results following this especial use of Digalen that I have almost become routine in its administration in anticipating and preventing, to a large degree, surgical shock in major operations.

HENRY BEATES, JR.
Philadelphia.

"It is during the spring months more particularly that the physician is called upon to treat patients, who though not ill enough to be in bed, are not at all well. Their appetite is capricious, they sleep indifferently, or even if they sleep soundly they are not refreshed, and in the morning they are almost as fatigued and ill at ease as was the case on retiring. Upon awaking there is frequently an aching sensation in the loins,

sometimes in the lower limbs, which may partially wear off as the day progresses, but there is at all times a vague, undefined, uneasy painful feeling.

"The symptoms are very much like those experienced in malaria but the causes are entirely different and a different treatment is necessary.

"This condition arises from the fact that in the spring the eliminative functions do not present their usual activity owing to the torpor and locked up secretions which have existed during the winter months, when the skin neglects its duties and the kidneys are overwork.

"If the conditions remain neglected the probable result will be sooner or later a pronounced attack of rheumatism or grippe in one or another of its forms. All that is needed to induce such an attack is a sudden change in the weather or the exposure on the part of the patient to cold or wet or to a combination of both. This is due to a latent diathesis to which every adult is liable.

"The necessity of a powerful eliminative in every prescription for rheumatism and grippe is self-evident. While anti-pyretics and anti-periodics may slightly stimulate the excretions and relieve congestion, thereby controlling certain features of the disease, a complete cure cannot be expected until the poisons are thoroughly eliminated from the system and the diseased organs enabled to resume normal functions.

"In the treatment of all rheumatic, neuralgic and grippy conditions, Tongaline, by promoting the absorptive powers of the various glands which have been clogged, and by its stimulating action upon the liver, the bowels, the kidneys and the skin, will relieve the pain, allay the fever, eliminate the poisons, stimulate recuperation and prevent sequelae."

NOTABLE INTERNATIONAL CONGRESS ON SCHOOL HYGIENE

AT BUFFALO AUGUST 25-30

All the leading nations, every state in the Union, every college and University of note in this country, and various other leading educational, scientific, medical and hygienic institutions and organizations, as well as various women's organizations, will be represented at the Fourth International Congress on School Hygiene in Buffalo, August 25th-30th, according to a preliminary statement just issued by Dr. Thomas A. Storey, of the College of the City of New York, Secretary General of the Congress.

Mr. Woodrow Wilson, as President of the United States, has accepted the honorary office of Patron of the Congress. The president of the Congress is Mr. C. W. Eliot, one time president of Harvard University. The vice-presidents are Dr. William H. Welch, the great pathologist of John Hopkins University, formerly president of the American Medical Association, and Dr. Henry P. Walcott, president of the recent International Congress on Hygiene and Demography, and chairman of the Massachusetts State Board of Health.

It is the aim of the organizing committee in charge to bring together at Buffalo a record of men and women interested in improving the health and efficiency of school children, and to make this Congress—the first of its kind ever held in America—one of direct benefit to each individual community. A program of papers and discussions is now being arranged covering the entire field of school hygiene. There will be scientific exhibits representing the best that is being done in school hygiene, and also commercial exhibits of educational value.

Nor will the entertainment of delegates in any way be neglected. Buffalo has just subscribed \$40,000 toward covering the expenses of the Congress. The Buffalo citizens committee has planned for a series of social events, including receptions and a grand ball, a pageant in the park, and excursion trips to the great industrial plants, and to the scenic wonders of Niagara Falls.

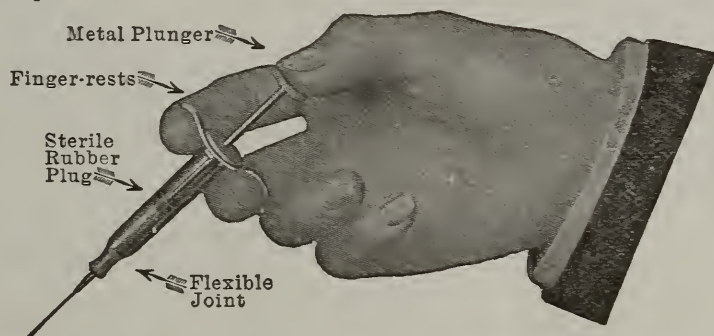
The Congress is open to all persons interested in school hygiene, who may join as regular active members upon the payment of a \$5.00 fee. Application for membership should be sent to Dr. Thomas A. Storey, College of the City of New York, New York.

Office of the
Secretary General Fourth International Congress on
School Hygiene, College of the City of New York
New York City

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All Mulford Antitoxins, Serums, Bacterins, Vaccines, Tuberculins, etc. are prepared under the personal direction of experts. Our Laboratories at Glenolden, Pa., U. S. A., are operated under Government license and inspection. Rigid standardization, with bacteriologic and physiologic tests insure uniform reliability.



Every dose of Antitoxin, Curative Serums and Bacterins is furnished in a perfected aseptic glass syringe, with flexible needle joint, positive working piston, finger-rests—ready for instant use.

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Diphtheria Antitoxin—Concentrated

Furnished in aseptic glass syringes, containing 1000, 2000, 3000, 4000, 5000, 7500 and 10,000 units.

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In aseptic glass syringes, containing 10 c.c.

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THE NEGRO IN MEDICINE

By J. A. KENNEY, M. D.

Tuskegee Institute, Alabama

A booklet of sixty pages, in addition to thirty-two half-tone portraits, etc. A lucid description of what the Negro has been able to accomplish in Medicine and Surgery. In combination with the Journal, or by subscription, Price \$.50 per copy. With the Journal National Medical Association, \$1.50

SEE THE FOLLOWING COMMENTS:

MY DEAR DOCTOR KENNEY:

Without doubt your work on "The Negro In Medicine" is the very best and only comprehensive work that I have ever seen. It will find its way into every library in the United States. It is the pioneer collation and presentment of the work of a new people in an old field. It shows the light and glory of opportunity—it shows the vanguard easing on to greater and full development. The men of work, serious work, patience and endurance are in this century to go to the front—not as colored men, but men of the world's best thought and work. It is inspiring—I see so much in your little book which encourages us all.

Yours sincerely,
(Signed) DANIEL H. WILLIAMS, Chicago, Illinois.

Dr John Kenney, an old Albemarle boy, and at present, resident physician, Tuskegee Institute, has sent to us a copy of his late pamphlet, entitled "The Negro In Medicine." The little pamphlet by Dr. Kenney is deserving of the highest praise in every respect. His list of Negro physicians who have made good in their chosen profession is worthy of a place in the library of every intelligent Negro. We of his old home county are pleased with his effort and shall spare no pains in calling the attention of his old acquaintances to his splendid production. We feel sure that his brother physicians will hail with pleasure this history of his, brief though it be, of the Negroes' success in medicine; and that they and the country generally will, like old Albemarle, feel proud of so able a man as Dr. John Kenney, now of Alabama, but by birth a Virginian.—Editorial: *The Messenger*, Charlottesville, Virginia.

Comments on **THE NEGRO IN MEDICINE**

I am writing for four of your books.....It is a valuable work, and one that was needed.

(Signed) H. R. BULTER, M. D., Atlanta, Ga.

I must compliment you in the highest for your splendid book, entitled "The Negro In Medicine." It fills a unique place in Negro history, and sets forth the progress the Negro has made in medicine in a pleasing as well as instructive manner. It should be in every Negro home to encourage the physician, create confidence in him among his race, and inspire the young to enter the profession, full of hope and ambition.

(Signed) GEO. E. CANNON, M. D., Jersey City, N. Y.

The Negro In Medicine

Dr. John A. Kenney, Medical Director of Tuskegee Institute, and president of the National Medical Association, has brought together and published a large amount of valuable information concerning Negro physicians, medical schools, hospitals, and nurse training schools for Negroes. It is published in neat pamphlet form, under the title of "The Negro In Medicine." Beginning with James Derham in the eighteenth century, the first Negro physician, and one of the most noted Negro physicians to practice in this country, and ending with the most noted Negro physicians of today, biographical sketches are given of Negro physicians of the past and present. Of special local interest are the references to Dr. J. McCune Smith, Dr. D. K. McDonough and Dr. Peter W. Ray, who were largely identified with the history of New York City.

One section of the booklet is devoted to a discussion of medical schools for Negroes. Howard University School of Medicine has sent out over 1,300 graduates; Leonard Medical Department of Shaw University, Raleigh, N. C., has graduated 323 physicians and 88 pharmacists, and Meharry Medical College, Nashville, Tenn., has graduated 1,126 physicians, 211 dentists, 174 pharmacists and 37 nurses. Ninety-five per cent of these physicians are now practicing.

Another section of the booklet is devoted to a discussion of hospitals and nurse training schools. The pamphlet closes with a discussion of health problems of the Negro in the United States. Dr. Kenney who has for eight years been Secretary of the National Medical Association, and for the past four years Managing Editor of the Journal of the National Medical Association, has had exceptional opportunities for gathering the information that he has used in this interesting booklet. It is well illustrated with pictures of physicians, their homes, and of hospitals. The price is fifty cents.—

New York Age

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TUSKEGEE INSTITUTE offers opportunity for young women to become trained nurses. There is a steady and increasing demand for colored trained nurses throughout the South. There is no field of usefulness more remunerative and inviting to them than that of professional nursing. Our course covers three years of theoretical and practical training in the Hospital.

It is arranged that those who want to continue their literary studies and take the Nurse Training Course at the same time may do so by dividing their time between the Academic Department either in the day or night school and the Nurse Training School. Such division, however, requires a longer time to finish the course, but it has the advantage of furnishing literary development for those who are not far enough in advance to devote their entire time to Nurse Training.

Opportunity is also offered to persons who can pass an examination equal to that given for the B Middle Class in the Academic Department to become special students in the Nurse Training Department. Special students have the privilege of finishing their course in Nurse Training in two years. Applicants should be between 20 and 35 years of age, and of average height and weight.

The Tuskegee Institute Hospital building is lighted by electricity, heated by steam, and has modern sanitary arrangements.

The Theoretical Course is as follows:

JUNIORS: Materia Medica, Chemistry, Anatomy, Physiology, Therapeutics, Practical Nursing, Dietetics, including preparation of food for the healthy as well as the sick.

MIDDLE: Review of first year Anatomy, Physiology, Materia Medica, Practical Nursing, Hygiene, Urinalysis, Bacteriology, Theoretic Nursing.

SENIORS: Practical, Theoretic and Private Nursing, Anaesthesia, Surgical, Obstetric and Gynaecologic Nursing, Massage.

Sixty-two nurses have graduated from this Institution. Many of them are doing private nursing, some are doing institutional work in the South, others are home makers.

There is a great demand for intelligent, young colored women who are well trained as nurses. An excellent opportunity will be found here for those who are seeking such a course.

The superior advantages made possible by our new hospital will enable us to give a much more thorough course in training to a larger number of nurses. Special inducements offered to nurses who apply as post-graduates, or special nurses, and give their entire time to the course in nurse training. These are not required to pay the entrance fee of \$10.00 which the other students pay on entering the Institution. Their uniforms and board are furnished them, and when out on private duty they are allowed 1-4 of what they earn.

For further information address

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Medical Director, Tuskegee Institute, Alabama

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Tuskegee Institute, Alabama

is now open to the public. This building, which is thoroughly modern and up-to-date in every particular, has been completed at a cost of \$50,000 for the building alone. The new equipment has cost \$5,000, which, with equipment from the old hospital and the value of the grounds, will make the complete outfit total nearly \$60,000.

We are prepared to handle all classes of regular medical and surgical cases. A 16-inch Scheidel-Western X-Ray Coil, together with apparatus for Auto-condensation and high frequency work, also a modern Hydrotherapeutic outfit, with other electrical apparatus, will enable us to handle satisfactorily such chronic cases as Neurasthenia, rheumatism, anemia, Bright's disease and cardiac disorders.

The building is constructed of brick, two stories high, with hallways and bath rooms of terrazo, and operating room of tile flooring and wainscoting. It has three public and several private bathrooms, private rooms and wards for all the several different conditions to be treated, is lighted by electricity and heated by steam with elevator and electric silent call system installed. There are eleven porches and verandas connected with this building, furnishing an abundant space for out-door treatment for patients.

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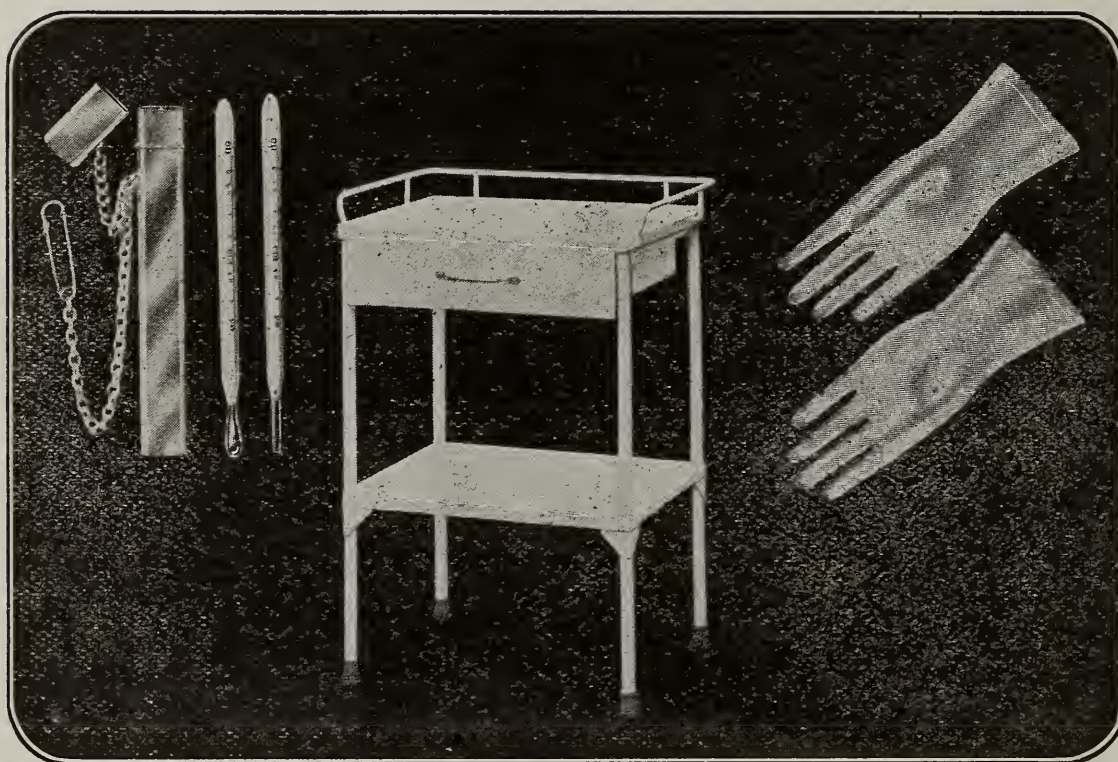
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Heavy steel tubular uprights, steel top and shelf, with drawers and guard rail; entire table finished in five coats white enamel; nickel-plated drawer pull. Price - - - **\$6.50**

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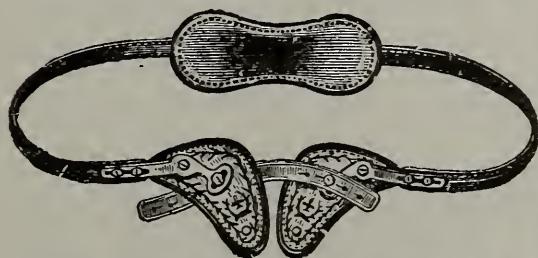
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Made from the purest and most carefully
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Operating Table, 6 Bottle Nebulizer, \$100 Galvanic and Faradic Battery, Set of Electrodes, Chair, Stool, Sterilizer, Dressing Table, Irrigator, Table, Instrument Cabinet, Writing Desk, Instrument Table, Waste Bucket, Centrifuge, 4 Dr. John B. Murphy's Operating Knives, Alcohol Stove, Pus Basin, Instrument Tray, Silk Worm Gut, Surgeons Needles, Silk, Catgut, Safety Pins, 1,000 Applicators, Absorbent Cotton, Gauze, Ethyl Chloride, Hand Brushes, Test Tube, Holder, Rack, Lamp, Albuminometer, and 23 other items all for \$140.

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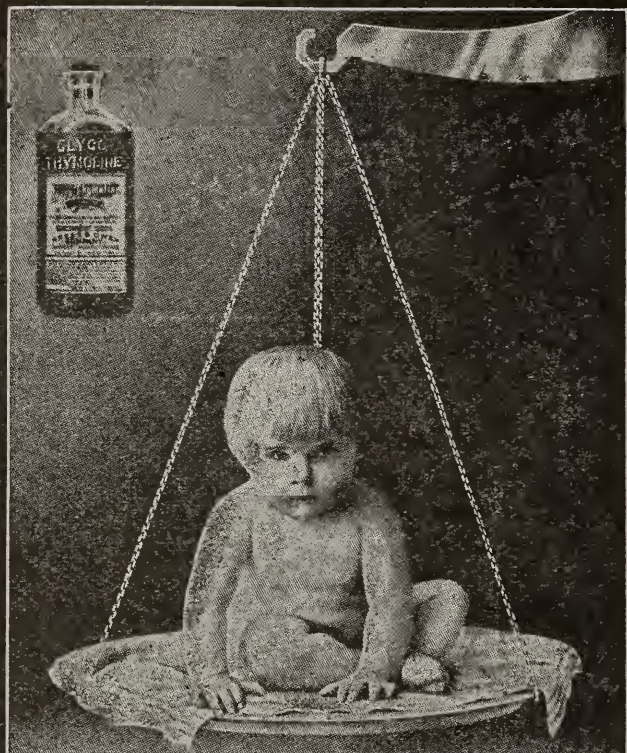
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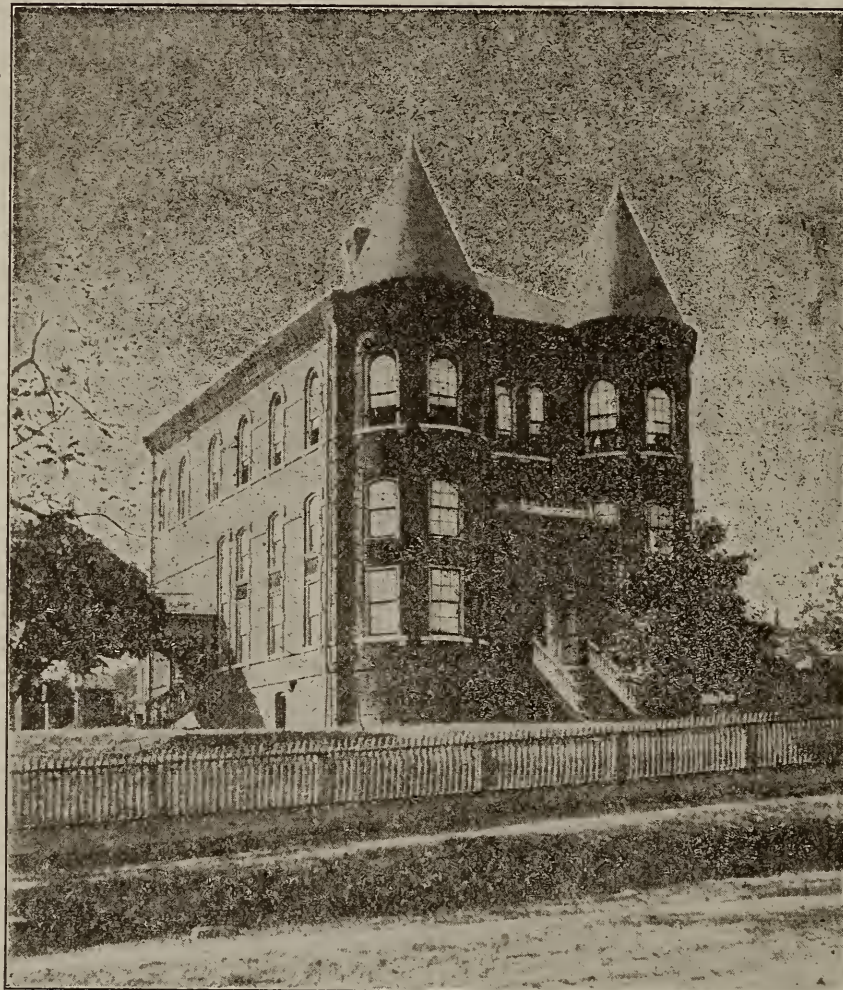
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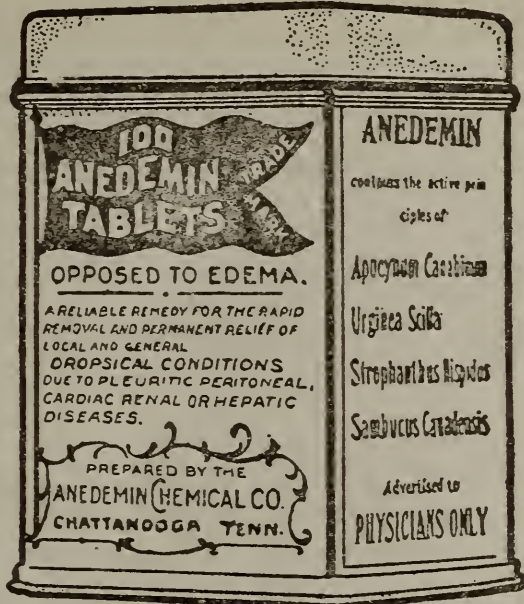
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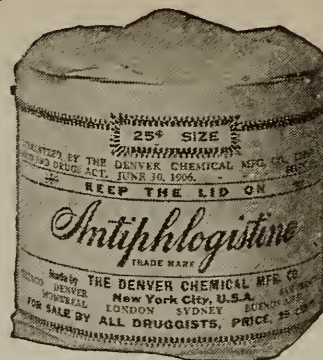
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SOME PERSONAL IMPRESSIONS GAINED FROM FIFTY APPENDECTOMIES

*BY JOHN A. KENNEY, M. D.

TUSKEGEE INSTITUTE, ALABAMA

Literature is so rich with material concerning the appendix, that perhaps I am hardly justified in thus taking up your time. My apology for so doing is, that in more than fifty operative cases, there may be something of interest to my hearers.

Among the impressions that I have gained is that this disease is first of all essentially surgical, and that any other conception is erroneous. I know there are many who are ready to take exception to this statement—a frequent bone of contention between the physician and the surgeon. I do not mean to say that no case of appendicitis will recover without operation. Many cases do, but when we recall that about 26 per cent of primary cases that do recover without operation recur, and that as yet we have no means at our disposal of telling which cases will or will not recur, that should set us thinking. Again, who among us are sufficiently posted in prognostics to tell definitely whether the case in hand will promptly resolute and pass on to successful recovery, or whether it will suppurate, or become gangrenous? Are any of us sufficiently expert or proficient as diagnosticians to determine in the beginning whether the pathologic condition causing the disturbance in the patient's economy is a simple catarrhal condition, and will end as such, is a beginning suppuration, or is a strangulated fecolith, due to twist of the or-

gan, or stricture in the lumen? It is true that there are some signs, including a leucocytosis which assist us in reaching a prognosis, but there is nothing definite.

The medical treatment of appendicitis is purely expectant. It is true that on this expectant plan some cases do recover, but unfortunately all too many prove disastrous simply by a delay. Some cases will recover if left alone; and to show my faith in the so-called "Medical Treatment," I believe that more cases will recover simply by withdrawing all nourishment, applying the ice bag, and absolute rest in bed, and being left alone, than by dosing with drugs.

The protean signs of inflammation of the appendix next engage our attention. The old text book symptoms of pain at McBurney's point, nausea, vomiting, high temperature and pulse, and flexion of leg and thigh are not always found. I have seen a case with symptoms of typical gall stone colic. All pain and localized tenderness in right hypochondrium. Even pressure over the appendix gave no response till 48 hours after the onset. Early in my experience I have been grievously impressed with the unreliability of the pulse and temperature. I have found ruptured appendices with accumulations of pus, with temperature below 99° F. or normal, and pulse below eighty. I have seen a patient with gangrenous appendix, and

*Read before the Alabama Medical, Dental and Pharmaceutical Association, Birmingham, Alabama, May, 1913

all pain located in the left hypochondrium, suffer so much that he kept a hot water bag there till he produced localized erythema. As you well know, in the early stages the pain is diffuse, radiating from the umbilicus. Pain may then be elicited on pressure in almost any of the abdominal regions. Nausea and vomiting, while frequent, are not always present. The two symptoms which I regard as constant and reliable are tenderness on pressure over the appendix; this sometimes disappears late in the attack; and rigidity of the right rectus muscle. Sometimes it is necessary to differentiate between appendicitis and typhoid fever. In doing this it is well to remember that in typhoid fever the temperature precedes the pain, while in appendicitis the pain precedes the temperature. Rarely do the two conditions co-exist. The Eberth bacillus may lodge in the appendix, and thus set up typhoid fever there. In two cases of my experience, patients whom I had treated for typhoid fever, sometime after suffered an attack of appendicitis, and in both, the typhoid cicatrices producing constriction of the lumen were present.

When to operate has provoked a great deal of discussion, and basing my opinion on my personal experience, I would say, unnecessary worry. I said in the beginning that appendicitis is essentially a surgical disease. All things being equal, I say, operate, when the diagnosis is made. Of course there are several things to be considered—among them the condition of the patient. I doubt the advisability of operating during shock. In only one instance have I been confronted with this condition. I stimulated and supported the patient and operated with good results when the shock was over.

In the presence of free pus, what shall we do? It has been claimed by

some that it is best to wait until the pus has been circumscribed. I waited once, and as a result lost my patient. I admit that most likely I'd have lost this particular patient even had I operated at once, but as I see it now, waiting for 36 hours for a so-called localization only lessened my chances for success. In regard to that localization theory, I have such faith in the omentum and the fibrin producing power of the peritoneum, that I hardly think these agencies will permit an accumulation of free pus, unless the infection is violent, and so rapid as to not give them time for throwing out their defensive barriers, and when this is true there is little possibility of their doing so in the presence of a large amount of free pus. I have seen the omentum completely envelope the appendix as a glove would cover the finger. I rather believe that free pus is more than likely the result of extensive suppuration which has broken through the walls of adhesion formed around it; and to wait is worse than useless. In such cases the proper method is to operate at once with as little manipulation as possible, relieve the tension, give exit to the pus, insert suitable drainage, put the patient in the Fowler position, slightly turned to the right side, with proctoclysis and salt solution and by opium, if necessary, check peristalsis and relieve the pain; under such circumstances many patients will get well.

As to the removal of the appendix in the presence of pus, this requires careful consideration and good judgment. In my opinion each case should be judged on its individual merits.

If the pus is not too profuse or can be removed by sponging, and the appendix can be reached without too much destruction of the protective barrier, it is well to remove it. If the conditions are to the contrary a sim-

ple incision with drainage offers the best immediate results. The appendix, if necessary, may be gotten at a later operation.

The claim is sometimes made that by operating early mistakes may be made, or useless or unnecessary operation may be done. With reference to this, permit me to say that with a good surgeon and careful diagnostician this will seldom happen, and even should it be determined that the case was a mild one and could possibly have recovered without operation, provided it was done by competent hands and aseptic conditions, the result still would be to the advantage of the patient, because he would then not have the risk of a recurrence, and, further, as stated, there is no absolute way of knowing that this case would not have progressed unfavorably.

There has been much advice to the effect that the patient should be tided over the attack and receive the interval operation. The first operation I ever did for appendicitis was after this method. It makes an extremely nice operation, but there is one objection to it. How do you know that you will be able to tide your patient through the attack? So, after a careful consideration of all the conditions involved I most heartily approve of the early operation.

As to methods: Several incisions have been advocated. For some I use the McBurney or so-called "gridiron" incision whenever I have reason to believe there is no pus. The advantages of this incision are that the muscle fibers and some blood vessels and nerves are not cut, but the former are simply split and fall together again, making a firmer scar with less danger of subsequent hernia. (I might say here, that I have never had a hernia following an abdominal operation, neither appendical nor other.)

There are some disadvantages in the "gridiron" incision. It takes more time for making and for closure; is more difficult to hold open during manipulation and is more difficult to enlarge should the presence of pus or other cause make it necessary to do so. It is also more difficult to drain should the drainage be a necessity. However in well selected cases it is a good reliable incision from which it is almost impossible to get a hernia. I used it quite recently in a sub-acute appendicitis with excellent results. I now more often use the straight incision through the Linea Semilunaris, cutting down beside the outer border of the rectus muscle. This incision can be extended upward or downward as conditions may warrant; will even permit a satisfactory exploration of the upper abdominal and pelvic cavities, and good drainage when necessary. A few weeks ago while using this incision the uterus was found extremely retroflexed. The incision was extended downward and the organ replaced by intra-peritoneal shortening of the round ligaments. If an appendical mass is present, it is often quite satisfactory to make an oblique incision in line with the fibers of the obliquous externus abdominalis over mass, which will permit of direct drainage. The appendix is dealt with according to the existing conditions as mentioned above. While many are advocating ligating and cauterizing the stump, and letting it fall free in the cavity and some invaginating without ligature, I still prefer to ligate and bury it in the caecum with a purse string of silk where conditions will warrant it.

As to the after-treatment there is little need to be said except to mention my faith in the Fowler position with proctoclysis in the presence of pus.

THE LAWS OF HEALTH

*By A. N. KITTRELL, M. D.

MEMPHIS, TENNESSEE

The pages of history are written largely with lessons of how nation after nation has fallen through physical degeneration and all evils consequent upon the ignoring of laws, which are today called the simple laws of health. The only difference between these people of early times and ourselves, is that they knew not these laws, and therefore heeded them not, while we of today know but do not observe them. Upon every hand there is evidence that we are in many respects following in their footsteps, and as a proof of this it is not necessary for us to go to the older and more enlightened states. It is to be found abundantly in our own Volunteer State, while physical defects and their attendant social evils are in evidence in the rising generation even of this city in which we meet today. In plain words we are not observing the simple laws of hygiene, and posterity will have to suffer the consequences. Fortunate it is that during the past three-quarters of a century there has gradually evolved from the science of medicine the science of hygiene. The former has been mainly curative of disease, while the latter has for its object the prevention of disease, the prolongation of life, the putting off of death until the last possible moment; thus perfecting man's environment so that his powers of vital resistance may not be weakened by the troubles of disease.

In the evolution of the science of hygiene the thoughts and minds of the members of the medical profession have been directed more and more to the prevention of sickness. Indeed the

trend of modern medical practice has ever been in the direction of minimizing man's danger against his great unseen foe, disease. The paths leading from Hypocrates to Jenner were dark and the ways devious, but great is the army of individuals who have added each their quota to the evolution of the problem of how to prevent disease. As a result of their limited contributions we can point with pride to victories achieved, all of which have prolonged life and benefitted mankind generally. In order rightly to comprehend the present, and intelligently anticipate the future of State medicine it is necessary briefly to review the past and thus learn of the evolution of public health matters generally.

From earliest times the maintenance of health has ever been the subject of man's care. Indeed, we may go further and say that in the Mosaic code there is evidence of the fact that man believed it to be the wish of Almighty God that he should preserve his body in health, for in that law are given minute directions for the cleanliness of the person, the purifying of the houses, the exclusion of those suffering from contagious diseases, and the care to be exercised in the selection of food. These and many other health questions were made a matter of religion, and are considered as much by the orthodox Jew of today. Subsequently the Greeks and Romans with a view to the improvement of their bodily conditions devoted themselves to physical culture. The Romans understood better

*President's address before Volunteer State Medical and Surgical Society at its annual meeting at Columbia, Tennessee, June 17, 1913

than we on this continent today the necessity of pure water supplies for their cities and the value of sewers, and the proper disposal of sewage. Indeed the Roman statesmen were the first to appoint district officers of health, assigning them according to population and charging them with duties which were chiefly those of public health. With the advent of so-called Christianity the Rabbinical laws were ignored as was the injunction of St. Paul, "Know ye not that ye are the Temples of the Holy Ghost," and we find the Monks and Friars devoting themselves to acts of mercy and charity, by instituting hospitals for the care of the sick, but failing to impress upon the people the necessity for the proper care of the persons and the observance of even the most rudimentary of health laws whereby their environment could be bettered.

The opportunities for study and research were many, but the methods whereby opinions were formed and conclusions reached were along lines the most difficult, and it was not until the chemist Pasteur led the way into the realm of microscopic plant life and the surgeon worked on the intricacies of how to destroy these minute and unseen enemies of mankind, that the greatest progress was made in the realm of hygiene. It will certainly be acknowledged that, considering the great importance of the subject of public health, covering as it does the individual and his environment, the world has moved slowly but progressively forward during the last half century and, notwithstanding the progress made, we find evidence of the inefficiency of the laws to meet requirements, especially among our own race, and therefore no escape from the conclusion that the proportion of male youths physically unfit is alarming. The physical condition of their

sisters is no better. They are exposed to exactly the same injurious conditions, often in an aggravated form, and there can be no doubt that their physical development suffers to at least an equal extent. We need women to be healthy mothers of robust children, and if we as Negro physicians would shoulder the responsibility of steering our race to greatness, and if we would maintain the least hope for the final amelioration of our race we must keep constantly in mind that the health of our people is the greatest of all the subjects to be considered and worked out. How are we to fulfil the task that Providence has laid upon our shoulders? A greater task than has ever been imposed upon any nation, a task that we are now confronting not without success, but the greatness of which may fill even the boldest of us with some anxiety.

The part to be played by each member of this Association is not an unimportant one. It must be our constant aim to educate public opinion, to foster the spread of hygienic knowledge to the boys and girls, as it is through them that national and racial success will come, and we can content ourselves that there is no greater and more far-reaching work than adding to the sum of human happiness and the comfort of mankind.

I wish just here to congratulate you for the spirit of patriotism that has prompted you to leave your homes, your families, your business, your practice. It is, to my mind, a sign of better times and a more glorious future. May each and every one of you put forth every earnest, sacrificing, and unselfish effort to add whatever may be in his power to this meeting and take something of wisdom that might serve to benefit some

poor unfortunate, and thereby uplift fallen humanity.

I am indebted to you for the greatest honor that has ever been conferred upon me. This is the proudest moment of my life, because there is only one such organization in the State of Tennessee among my people whose foundation is science, whose members are scientific men, and whose mission is the uplift of fallen humanity. By way of recommendation, there seems to be a period of laxity between the meeting times that to my mind could be utilized to an advantage by the members of our organization. I would recommend that we set aside a day, say in memory of our own Doctor Robert F. Boyd, to be known as Hygiene Day all over the State, and on this day in every part of the State we would have lectures on hygiene by our officers, first in order, our President, Vices, Secretary, etc. Second, that the Statistician be elected for a period of two years and that an accurate and indelible record be kept by our Secretary, of deaths from tuberculosis, hook worm, pellagra, etc., and also an accurate record of births.

Never before has such an opportunity been offered, and the responsibility for action so imperative; for unless we do act, the fabric of nationalism is but an empty myth. Disraeli correctly said "sanitary reform is the foundation for all other national reform, and in the earnest endeavor, which is manifesting itself in

every nation of this composite empire for a strengthening and unifying of the essential elements of the good government sought for." It is necessary that each nation should not neglect that which is paramount, that which will advance the highest and best interest of citizenship. As the healthy body, like the mathematical whole is equal to the sum of all of its parts and the health of the whole can only derive from, and depend on these, so it is with the units composing our race. The course of the nation's life is decided by the weakest portion of that chain. The call then is to the physicians of the Negro Race to see to it that by the co-ordination of all health forces in one homogeneous organism, and by the adoption and enforcement of the most advanced health measures, this race fulfil its duty in the producing of men and women physically fit to enable us to hold our own in that chain of nations. So that in the life struggle which is not likely to become less strenuous as years pass by, this race shall ever hold its own, and fulfil the destiny for which it is intended.

"He only is great of heart who floods the world with a great affection.

He only is great of mind who stirs the world with great thoughts.

He only is great of will who does something to shape the world to a great career.

And He is greatest who does, the most of these things and does them best."

HOW HE TREATED HER

A certain osteopath was treating a young woman who had very weak ankles and wrists. As she lived in a town quite a distance from his own city, he was forced to leave the city Saturday of each week and go to the town in which the young woman lived, give her treatment Sun-

day, and return to the office Monday. A friend once asked the osteopath how he had arranged to give the young woman the treatment for her ankles and wrists when she lived at such a distance, and the osteopath replied: "Oh, I go out and treat her week ends."—Lippincotts.

ADDRESS

*BY DR. U. G. MASON
BIRMINGHAM, ALABAMA

Mr. Chairman, Ladies and Gentlemen:

This occasion is fraught with more significance to us as a race and therefore to our beloved Southland than tongue can tell. In this magnificent institution which we dedicate today will be studied and treated those diseases which for so many years have wrought havoc within the ranks of our people, and from its walls will go forth men and women bearing aloft the torch of that truth which makes men free indeed. It means that the latest word in the science and art of medicine shall be carried to the doors of our people and there preached with such simplicity and fervor that those who may be blind shall see and those who may be deaf shall hear.

It requires the unbridled imagination of the supreme poet adequately to foretell what this institution will do in the direction of conserving human life, increasing the economic efficiency of the masses, in giving to the people a brighter and more hopeful view of life, and, by so much, endowing the South with untold wealth of strong muscles, alert minds and resolute souls.

It is eminently fitting that an institution which possesses such tremendous possibilities for social uplift should bear the name of John Albion Andrew, the great War Governor of Massachusetts, who lived that others might live more abundantly; who labored unceasingly for the freedom of the black man, and who in his last inaugural address as Governor of Massachusetts uttered sentiments which showed his kindly interest in the Southern white man.

John Albion Andrew was born in

1818, and died in 1869. At the beginning of the century in which he was born, the state of medicine was a stagnant one. Humoral Pathology, or that doctrine of the nature of diseases which ascribed all ailments to excess, deficiency or concoction of bile, blood or phlegm, yet held sway over the minds of the medical profession. Clinics were practically unknown, and medicine for the most part was taught didactically. The diagnostician confined his program to examining the pulse, inspecting the tongue, observing the breath and feeling the skin of the patient. The clinical thermometer was yet unknown, and the idea of applying auscultation and percussion to diagnosing diseases of the chest had not occurred to the profession. Beyond such vermin as infest the hair and skin and the tapeworm, little was known of mofibic parasites. The favorite method of treating diseases was confined to blood-letting, to the administering of powerful cathartics and to starving the patient.

But signs of awakening from these crude and lethargic methods appeared at about the time of the birth of John A. Andrew. For them we are indebted largely to the physicists, chemists and botanists who pointed the way. The improvement of the compound microscope brought into being minute anatomy; physiology took on something of the experimental, and medication was rendered far less repulsive by the isolation of the active principles of medical plants.

A figure that loomed large at this period was Laennec, a French physician through whose celebrated labors

*Delivered at the dedication of the John A. Andrew Memorial Hospital
Tuskegee Institute, Alabama

the foundation was laid for the present method of physical diagnosis.

A pioneer in experimental physiology was Dr. William Beaumont, of the United States Army. His great experiment on Alex. St. Martin, a soldier who had been wounded in the stomach and recovered with a permanent opening of that organ, will ever rank among the most important of the early experimental studies of digestion.

When John A. Andrew was yet a young man, Dr. W. T. G. Morton announced to the world his discovery of ether. A little later chloroform was discovered, the clinical thermometer was invented, and, step by step, were invented instruments of precision by which medical men of today may interrogate every organ of the body in the way of physical diagnosis.

But the achievement of Pasteur, the immortal chemist, gave a greater impulse to the modern practice of medicine than perhaps any other discovery of the 19th century. Generations ago physicians hinted at the Germ Theory, but it remained for Pasteur to discover that certain diseases had their specific germ, and that such is probably true of all infectious diseases. Through his discoveries hydrophobia has been robbed of much of its terror, diphtheria has been made to yield to anti-toxine treatment, and other pestilential diseases have been brought under effective control.

One who caught the full significance of the discoveries of Pasteur was Joseph Lister, who became the high priest of aseptic surgery. Surgeons all over the world now know the true meaning of Listerism, and as a result the mortality of wounds of all sorts has been greatly reduced and major surgical operations which were formerly regarded as the patients' death warrants are now prac-

ticed by surgeons with no more thought of fatal consequences than is entertained by a dentist when extracting an aching tooth.

Nor should the importance of the X-Ray in the advancement of medicine be overlooked, and the ever memorable discovery of Koch, the great German bacteriologist, who discovered the tubercular bacilli.

But the crowning triumph of the medicine of latter days is the development of its preventive features. Diseases which were once interpreted as manifestations of divine displeasure are now for the most part well understood and steps taken to prevent their outbreak by purifying the air we breathe, the water we drink and the food we eat. This is the gospel being preached now throughout the land in the campaign against consumption, and the good accomplished thereby is incalculable.

In this laudable work for the conservation of human life there are no more ardent supporters than Negro physicians who, to a greater extent, perhaps, than any other professional class, come into contact daily with all phases of Negro life. No one appreciates more keenly than the Negro physician the shortcomings of his people, and hence no one can be more enthusiastic than he over any movement which has for its object their physical wellbeing. Day by day the Negro physician views, with saddened heart, those who go to premature graves from preventable causes and then thinks of the comparatively small army of men of his race equipped with medical knowledge to serve his people, and exclaims, "Oh that there were more medical schools in which Negroes might be trained to minister to the people! Oh that there were more hospitals and nurse-training schools in which young women of the race might fit themselves

for service in the sick room and to help spread abroad the cheering news that the greatest destroyer of the race is contagious, but it is also preventable and curable.

Thanks to Dr. Washington whose life and work so strongly commend him to the good people of this land, and thanks to the good friends whose generosity has made possible the John A. Andrew Hospital we have at

Tuskegee, a center from which will be carried to all parts of the Southland the gospel that our people need. And, Dr. Washington, in the name of the Negro physicians of Alabama, I thank you for it and beg you to believe that if we can be used in any way to make more emphatic the success of this much needed institution, it is but yours to command and ours to obey.

—O—

MINOR AND EMERGENCY SURGERY

*BY ROBERT T. BURT, M. D.

One of the most common every day experiences of the general practitioner is Minor and Emergency Surgery.

It is not intended to embrace in this small paper a description of all the operations usually treated under the head of Minor and Emergency Surgery, but I merely propose here to describe in a general way certain minor surgical manipulations which are constantly coming up in our every day practice by way of emergencies.

I say in a general way because I deem it necessary to discuss them in detail before a body of physicians. As in general practice so with minor and emergency surgery, every locality has its class and kind of troubles to treat in accordance with the labor of that people. In view of this fact I shall attempt to present to this association some of the commonest and most frequent minor manipulations brought to our notice and described under the head of traumatic injuries.

I shall discuss these injuries as a class separately in succession, but before reaching this point, I feel it not out of place to give what I think

should be carried by every physician as his armamentarium.

The first indispensable article is an emergency bag containing the following articles: a can of ether, a bottle of chloroform, carbolic acid, vaseline, paraffin, turpentine, some local anesthetic, iodiform and plain gauze, cat gut, silk, needles, and razor, adhesive, cotton bandages and bichloride tablets, Esmarks bandage, and dusting powders, a tube of unguentine and some form of oil paper. In this same bag may be carried a small vial case containing medicines according to the season and locality in which you are practicing. It is expected, of course, that you carry a pocket instrument case containing an assortment of instruments. Last, but not by any means least, a thermometer and a hypodermic syringe with an assortment of tablets, among which is morphine. While I must admit that this is a drug much abused, we must yet concede to the words of one writer, "If all of the drugs and instruments were removed from the armamentarium of medicine and surgery, suffering humanity could be given a wonderful amount of relief with a little hypo-

*Read before the Volunteer State Medical and Surgical Society at Columbia, Tennessee, June 17, 1913

dermic syringe and a single morphine tablet."

Notwithstanding the adverse circumstances with which we have to do much of our emergency surgery, I want here to insist that we use as much care and caution as our case will admit in getting things ordinarily decent around the patient both for the protection of self as well as patient. Then, too, it serves its part in educating lookers-on in the necessity of making very thorough preparation for the physician if he expects him to have universal success in surgery as well as medicine, and that a greater part of the success attained by him is not in merely being able to do the work, but in knowing the preliminary preparation. It must be remembered that all successful practitioners, however, do not make a success at doing emergency surgery, for in the latter it requires not only the knowledge how, but the nerve; and however much that this may be true the general practitioner must of necessity see first and treat most of the accidents happening in small cities.

A physician is usually summoned to a case of accident without a moment's warning as to the nature of the trouble he is to treat. For this reason it is necessary for him to have in his emergency bag the above named articles. Then, however trying the circumstances may be, he should keep cool and deliberate. If a blow, notice whether a mere bruise or laceration. If bruise upon head, gentlemen, carefully examine for concussion or fracture of skull. I emphasize this point because of an unfortunate mistake of mine about twelve years ago. I was called to see a man who was a hod carrier who had been struck upon the head by a falling brick. I casually examined him, shaved the parts, applied a dressing and ordered him home. Later in the afternoon a call

came in for me to see him again, but I was out. The office girl taking the message that the man whom I saw during the morning had had something like a fit and had since been so drowsy that they could not arouse him, and that one could hear him snore across the street. The contractor learning the condition of affairs had another physician called in, one Dr. A. B. Ramsey, who is a close observing diagnostician. When he found that I had been in attendance, in his effort to be ethical he had me called but I was still out. He then informed the contractor and the family that it was a case of concussion and compression of the brain, after which he set to work to remove the fragments of bone and blood clot which were doing the damage. After so doing he relieved the man of his semi-conscious condition.

Now, as you will see, as the result of his close observation and just a little time and pains on his part he carried away with him both money and honor to which he was justly entitled, while I, through haste and gross negligence, went down, gentlemen, with a nipped medical pride, with loss of fee, with praises unsung, down with a sadder heart but wiser head, down upon the community's record as either not properly examining the man, or not knowing what to do after examining him; and either case was rather grave with me just at that time, for I had just begun practicing in that community and I could not afford to lose ground in reputation; and, secondly, I was going through my financial starving period and was badly in need of the cash.

Gentlemen, since we cannot at all times determine the outcome of traumatic injuries as well as some other diseases, I feel that we as older physicians should be a little more careful about committing ourselves as to

the prognosis unless forced to until we are certain. I am reminded of this fact because of a very recent happening at the Maxwell House in Nashville. One Mr. H. W. Ritter, a wealthy citizen from my city who was stopping at the Maxwell House, was injured in some way and became unconscious. One of our prominent Nashville physicians had Mr. Ritter's family phoned that he could not live three hours, that it was only a question of a very short time with him. Pretty soon after that, Mr. Ritter revived in spite of all the physician could do, and the third day after he arrived home he was about his usual sawmill duties. I got a very practical lesson from this case and very soon afterwards I was called three miles out of the city to see a boy who was found lying by the side of the pike. On arriving I found him prostrate upon the ground, speechless, not a mark upon head or body, as I could find, to indicate the cause of the trouble. There was not one who could give any further information than that he was found lying near a grazing team. Here necessitated one mustering up one's skill in the science of deduction as well as diagnosis. I was very careful about my prognosis to begin with. I stooped to the ground to smell his breath, but no odor of whiskey could be detected. I examined the circulation and found it strong and slow, respiration deep and struggling, pupils enlarged and not responsive to light; he would move his limbs incoordinately. In fact all symptoms pointed to Hyporemia or concussion of the brain. I worked every way I knew how to resuscitate him. I gave him an adrenalin chloride and digitol hypodermically and applied ice bags to his head and every other way I knew. After so long a time he came around all right, but it was the next morning before I would

give a positive prognosis, at which time the patient informed me that he was thrown from a wagon and fell in a sitting position upon a brick; this, of course, accounted for the Hyporemia and temporary concussion as the result of shock.

If it is a laceration which is to be treated, catch up and tie all open and bleeding vessels; the capillary oozing can be controlled by hot water applications. Then shave parts if necessary; apply closely fitting adhesives, after other preliminary dressings or in some instances where the wound is gaping I prefer suturing, for after this procedure the wound can be left open and it heals much more quickly. If the wound is upon the face, subcuticular continuous sutures are much neater and best from the fact that they lessen the scar tissue.

Gentlemen, I wish to emphasize the necessity of letting a wound alone as much as possible after first giving it a thorough examination and a careful dressing; applying very strong solutions and hot water when there is no infection is not only objectionable, but bad practice. It is advised by some good authorities to clean the wound with temperate, sterile weakly antiseptic solution for healthy granulation. I have gotten splendid results in the treatment of traumatic injuries where there is broken tissue by freely bathing the wound preparatory to dressing with spirits of turpentine. It also serves well to relieve stitch irritation after removing the stitches following an abdominal operation. In some instances in the midst of our anxiety to show to the family, friends as well as the patient, that we are using our very best efforts and interest to hasten the wound's healing, we merely irritate it. The old adage still holds good that you cannot heal a sore by scratching it. Irritation by bruising, handling, washing, wiping,

applying hot water, and antiseptic solutions have a tendency towards forming cicatrix or dense fibrous connective tissue; therefore in order to have as little scar tissue as possible, I wish again to emphasize the necessity of letting your wound alone. Further on I shall go more fully into the pathological process of wound healing. But just here before passing over the point of ligatures it might be well to say that when the object of ligation is to occlude a vessel and to prevent hemorrhage or to strangulate tissues as in some operations for hemorrhoids they should be tightly applied, but whenever they are used for sutures, all that we want is approximation; and any degree of force which constricts or strangulates the tissues is harmful and misapplied.

For a blow upon the body examined for internal hemorrhage or broken ribs, if punctured by bullet, the only treatment necessary, after the extraction of the bullet, is to clean the wound and keep it drained. If the accident is in the way of strangulation the only thing to be done is to watch the circulation, keep it stimulated and use every means of resuscitation. While there are many ways of resuscitating, one of the latest and possibly the best is giving oxygen. One of the oldest and even yet reliable means is artificial respiration, the applying of stimulants over the heart, loosening every garment about the body, lowering or raising head in accordance with what the trouble seems to be, and dilating the sphincter ani, etc.

Now coming to the last to be described under this head, but one of the most important problems of accident surgery, is broken limbs or fractures. Gentlemen, it is at this time and point of seeing the patient that the very best results can be obtained. Proper treatment here can not only save the patient valuable time and

suffering, but can establish or dis-establish a life-long reputation for the physician. It is said that in Germany the working classes, among which the majority of fractures occur, are all protected by Legislative enactments from the loss of earning capacity due to disability from injury. For this cause the subject of fractures has been given greater attention by physicians of that country.

Although a fracture may be considered a strictly surgical disease, the majority of cases will and must of necessity be treated by the general practitioner under the head of minor surgery. The general practitioner cannot be looked upon as a surgical expert, and may not be prepared to undertake at all times operative treatment in cases where it is much in demand. But at the present and without doubt it always will be true that the general practitioner sees first and is forced in so many cases to treat this class of accidents without assistance. Then is it not highly necessary, gentlemen, for us to keep ever uppermost in our minds the responsibility resting upon us as doctors who have been given the command of "go heal the sick," especially for individuals whose earning capacity depends solely upon the judgment and ability of him to restore proper function to his limb?

The healing of fractures, like the healing of tissues, goes through pathological process. After the solution of the continuity of bone and periosteum the space between the torn tissues is filled with blood. The connective tissue cells and capillaries of the periosteum and spaces in the bone tissue immediately react and the space which was first filled with blood is in time completely replaced with granulating tissues. This cell activity constitutes bony union.

Now, the point I here attempt to prove is that blood effusion is a factor

of great importance in aiding union, both in tissue and bone substance. For this reason I hold strongly that it is always best to allow the scab to re-

main upon wounds instead of washing them off with strong antiseptic solutions, as is our custom.

ALKALOIDS

BY ENOCH DICKERSON, PHAR. D.

BALTIMORE, MARYLAND

Members of the Maryland Medical, Dental and Pharmaceutical Association,
Gentlemen:

My subject, Alkaloids, has been chosen after due thought and consideration. I submit that one of the objects of these meetings of ours is to instruct or enlighten the members of our association upon subjects of interest to the whole body, but which because of our different spheres of professional activities, are best discussed by those representing our respective professions.

Owing to the correlation existing between medical subjects, there is of course some common ground of knowledge to us all, but it cannot be questioned that each profession has its separate technique, each teaches something not common to the others. The subject, ALKALOIDS, should, it seems to me, be of interest to us all. You who are physicians know their worth; no less you who are dentists. We all to a more or less degree are familiar with the therapeutic and physiological action of this important class of drugs but we look to the pharmacist to explain the composition and incompatibilities of these complex bodies. It is therefore within these phases that I, as a pharmacist, shall confine my remarks.

ALKALOIDS are carbon compounds containing the elements C, H, N, and usually OXYGEN. The word ALKALOID means alkali-like. This

slight etymology of the word gives us a broad insight into the nature of this class of substances; for, it practically tells us that they are to a certain degree basic substances reacting with acids to form salts. In their action, however, they resemble the alkali ammonia most, for like that very interesting substance, they react with acids forming corresponding salts without displacing the hydrogen of the acid. The basic substances are found both in the vegetable and animal kingdoms. Those obtained from the vegetable kingdom, may exist in any portion of the plant, the root, stem, leaves, etc. They may exist there free or as a salt of a proximate acid of the plant. They are regarded by most chemists as being derived from one or two coal tar bases; Pyridin C^5H^5N or Quinolin, C^7H^5N . ALKALOIDS derived from animal sources are divided into Ptomaines and LEUCOMAINS which differ in that the ptomaines are nitrogenous bases derived from putrified animal tissues whereas Leucomains are those derived from living animal tissues.

The incompatibility of the Alkaloids in its broad sense includes the ideas of therapeutic, physiologic and chemical incompatibility. Since the physiologic and chemical most concern us, I shall dwell upon these two forms only. Chemical incompatibility of the alkaloids consists in the disassociation or breaking down of the alka-

loids or their salts, in solution, by some other substance; resulting in the formation of new substances having either different physiologic activities or solubilities from the original substance. This is where the main trouble and danger lies, for some of these reactions or disassociations take place very slowly and in consequence may be overlooked or misjudged. Hence unless classes of substances which cause such disassociations or reactions are known; unless the results of such reactions are known, there is a great danger of either poisoning a patient by an overdose or causing undesired effects.

Let us note some of the general incompatibilities of the alkaloids:

1. Alkaloids combined with acids dissolved in water or very dilute alcohol, are generally precipitated as free alkaloids by solutions of alkali hydroxides or carbonates and borax.

2. Solutions of potassium arsenite, sodium phosphate, and sodium arsenate are slightly alkaline and may precipitate the free alkaloid.

3. The alkaloidal salts are generally precipitated from aqueous solutions, combined with the precipitant, by soluble salicylates, benzoates, bichromates, iodides, bromides, piperazine and by the following general alkaloidal reagenites: Taumic acid, Pierje acid, Iodine in solution of (K. I.) Bromide in solution of K. Br.) Potassium mercuric-Iodide (Meyer's Regent), Mercuric chloride and lead subacetate platonic chloride and gold chloride.

4. A solution of a mixture of boric and salicylic acids, gives a precipitate with solutions of many alkaloidal salts as boro-salicylates.

5. Some alkaloids are thrown out of solution by the presence of considerable quantities of very soluble salts. For eg:—strychnine hydriodide by potassium Iodide.

6. Most alkaloids are decomposed by oxidizing agents.

To illustrate some of these by incompatibilities as they occur in prescriptions, let us note the following prescription:

Lig. arsein et hydrag. Iodide	10c. c.
Potasin Iodide	5.
Quinine Sulphates	2.
Acid Sulpherrieci armosyrupus qs ad	30.

In the prescription, the quinine is precipitated by Donovan's solution. But the danger in the prescription does not come from the quinine precipitated but from the mercuric salt which is precipitated with the quinine. At the end of two days all the mercury would be precipitated and some iodine liberated. Any quinine not precipitated by Donovan's solution, would be precipitated by the iodine.

From these illustrations we can readily see the great importance attached to the subjects of alkaloids, how much it behoves us to understand their incompatibilities. Then let us study them; let us become familiar with their peculiarities, their incompatibilities, that we may avoid the danger which attends their usage.

Little Willie and his small sister Nina were watching some men carrying an organ into a church.

"What are they going to do with it?" asked Nina.

"I guess they must be going to organize the Sunday school," replied Willie.

We can never measure the encouragement to continued effort that a word of appreciation gives.

"Are you looking for work?"

"No, sir; I'm looking for money, but I'm willing to work, because that's the only way I can get it."—Topeka Capital.

THE TREATMENT OF THE AGED

*By DENNIS A. BETHEA, M. D.

TERRE HAUTE, INDIANA

Our success in the treatment of the disease of Old Age has been far from brilliant. The field of Geriatrics is not as fascinating as the field of Pediatrics, for we spend much time studying the diseases of infancy, but we spend very little time studying the diseases of the aged. It has been said that the successful Doctor will in the future look well after the ends of life—the children and the old people.

In discussing the treatment of the aged, there are three fundamental things to be kept in mind, namely: the normal senile tissues; the action of therapeutic agents on senile tissue; and the causes of death in the senile. The human body is sometimes compared to a machine whose parts wear and become weaker as it gets older. There are certain anatomical changes that go on in the process of ageing which are perfectly normal for this period. Old age itself is not a disease, but a natural process of life. It is a process of wearing down which we cannot prevent, but we can see that this process develops in its natural order. Old age is honorable, yet most of us try to avoid this stage of honor as long as we can.

Senile tissues may be hastened by disease or improper living, but even then it is no more possible to restore a hypertrophied or dilatated or degenerated heart and harden bloodvessels, a contracted kidney or an atrophied brain, than it is possible to produce a new growth of teeth in the aged. However, we can relieve the discomfort and stimulate the functions to produce a sense of well being.

Among the things to be kept in

mind in dealing with these cases are the altered metabolism, the increased waste, the insufficient repair, the increased elimination of phosphorous, the diminution of calcium, the lessened assimilation, especially of proteids, and a greater tendency of these to intestinal decomposition.

Therapeutic agents must not be expected to act as quickly and as effectively in the old as in the young, because of the anatomical and physical changes that have taken place in the organs and tissues. The disease of senility is either an increase or a decrease or a perversion of function from the normal senile state.

Of all the treatments given to the aged there are none so important, nor has there been any so successful in prolonging life and lessening the ills of mankind as hygienic treatment. Hygienic treatment is of great importance in dealing with the diseases of all periods of life, but it is of superlative importance in the treatment of the aged. The application of hygienic measures to the man who is ageing demands more general knowledge, more science, and even more tact than that of infancy. The old man's functions are wearing out; every day some one of them yields or breaks the equilibrium of economy.

While there are certain rules applicable to dealing with old age in general, every individual will have to face problems for special solution. There will be one man who is becoming old because of his lungs, another because of his cardiovascular apparatus, still another on account of his kidneys, and another again be-

*Read before the Vigo County Medical Society, Terre Haute, Ind., May 27, 1913

cause of his digestive tract; and in nearly every old person you will find firmly rooted habits and prejudices. Sometime he will vigorously oppose your line of treatment. You only have to speak with authority and you will be obeyed.

The mind of the old man frequently needs treatment just as bad as the body. As he advances in years he must take frequent rests from all kinds of work, mental and physical. The sexual powers begin to wane, he forgets little things like names and dates, he craves for sympathy; many times he will exaggerate his symptoms in order to get this sympathy. Should he fail to get it he often becomes embittered. Men often write their wills when their minds are in this condition. The moral sense sometimes becomes very much weakened. A case has been reported in which a man at the age of 100 was arrested and placed in jail for becoming the father of an illegitimate child.

As absorption and assimilation go on thus slow, you have to be on your watch for the cumulative effects of the drug. The dose should be the smallest amount that will meet the needs. Drugs should be given in solution whenever possible. Insoluble drugs like calomel and arsenous acid act very slowly, while gelatin coated capsules and pills often pass through the bowels unchanged. The secondary effects of the drugs in these cases are often more pronounced than the primary or desired effect.

It is hard to find a person over sixty years old who has not some form of arterosclerosis. While the condition cannot be cured in the true sense of the word, yet very much can be done. By the judicious use of iodides and the nitrites the viscosity of the blood is lessened and the circulation is allowed to flow freer to the parts that give distress.

Pneumonia has been called the captain of the men of death. The mortality of this disease in the aged is almost 100 per cent. There is no royal road to success in treating this disease in the aged, but it does seem that the reckless use of heart tonics is unpardonable. Some physicians give digitalis and other heart tonics as a precautionary measure in the beginning of this and other exhaustion diseases. The heart in these cases is usually hypertrophied if not already dilatated or degenerated; and at the beginning of the sthenic ferbrile disease the heart acts to the limit of its functional capacity, further stimulation at this time will either paralyze or exhaust the heart muscle with consequent dilatation.

Uremia being a frequent cause of death, there should be a constant watch for uremic symptoms when treating the aged. When such symptoms are found and stimulation is required, digitalis, the dangerous slowly acting drug, should not be used. A solution of sodium nitrate or large quantities of alkaline water or lithia water, care being taken that it is lithia, should be used.

General exhaustion seems to be another quite common cause of death, which should ever be kept in mind. This condition occurs rapidly in inflammatory diseases and slowly in chronic diseases. The advisability of giving strychnine or nux vomica depends a great deal on the condition of the heart. We may have a general exhaustion with cardiac hypertrophy and powerful heart action, in such cases strychnine may cause paralysis of the heart. Much depends upon small repeated doses of alcohol, and secondary phosphorous and predigested food. In the slow exhaustion diseases which accompany chronic wasting disease, phosphorous and arsenic should be given

primarily and alcohol should be used secondarily. Nasher, of New York, has given the following rules for giving drugs to the aged: "The bromides are rarely required and when required at all should be given in one large dose rather than several small repeated doses; chloral is dangerous in large doses and useless in small doses; when an old person takes alcohol habitually it will be useless in emergencies; blood pressure raising drugs like digitalis, adrenalin, strychnine, caffeine, camphor and atropine should never be given except in emergency and then when combined with drugs which lower blood pressure like alcohol and nitroglycerine."*

Old people are prone to toxemia. This toxemia may be due to intestinal decomposition, retention of urine, or toxic material in the system. The indications are thorough elimination

and intestinal antiseptics. Of course there are those who do not believe in intestinal antiseptics; yet in toxic conditions they should give them just the same.

With good digestion, good urinary and intestinal elimination, and a fairly healthy condition of the mucous linings of the various tracts, we have also an enriched and quickened blood stream. We can see that the skin is kept free from debris. We can by daily baths in cool water and rubbing, stimulate the capillary action, and in this way prevent the wrinkles and leathery appearance of senility. We can stimulate the enjoyment of life so that the mind may be tranquil and full of hope. True we cannot make the old man young, but we can procure for him a healthful and vigorous old age.

*I. L. Nasher, New York Medical Journal, October 12, 1912

NEPHROPEXY

A. Werelius, Chicago (Jour. A. M. A., March 1), gives the principal data in regard to the etiology and the pathologic anatomy of nephroptosis, its diagnosis and treatment and the methods of fixation which have been devised and used. "The basket-handle operation" employed by him is described and illustrated. The technic is given as follows: "After the kidney has been exposed and delivered through the wound the capsule is split and deflected. Then the procedure is as follows: Step 1—Cut with scissors, as indicated by dotted line, making two flaps. Step 2—Push kidney down into wound. Draw the artificial suspensory ligaments through the muscles and fascia on either side of the wound. The remaining border of the deflected capsule may be sewed to the transverse fascia. Step 3—Unite

muscular layer over the kidney. The kidney is then drawn up against the denuded muscles by the artificial capsular ligaments, the ends of which are tied in a knot, and transfixed by a silk or catgut suture. The united flaps thus form a "basket-handle," from which the kidney (basket) is suspended. For some time I have placed the patient in a slanting position for all my kidney work." Brief notes are given of the anatomic results of twenty-seven cases thus operated on, which were all uniformly good. The patients were all females and, except in one case, the right kidney was the one prolapsed. Nineteen patients had been pregnant. In six patients the appendix was removed through the lumbar incision. In one case there was complicating thrombophlebitis and in two aggravated postoperative neurosis.

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This cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

MEDICAL PRACTICE LAWS

Are laws regarding the practice of medicine compatible with our ideas of personal liberty? Are such laws either effective or necessary? Is quackery any less brazen or ignorance any more difficult to victimize because of those laws? Upon the answers to these questions depend the advisability of extending, strengthening and unifying these laws.

The sentiment of the profession, much less the community, is not uniform. The Journal of the American Medical Association and those agreeing with it give an emphatic affirmative to all of the above questions, while many independent journals and writers of high repute are just as emphatic in the negative.

Is liberty run to license less dangerous than power run to oppression? Or is quackery rampant any more objectionable than tyranny regnant? Must we really choose between these dire alternatives? The editor really does not know. It is plain, however, that the conditions which provoked the adage, "Eternal vigilance is the price of liberty" are today present in the medical profession, and every doctor should be on the qui vive when legislatures are in session.

CONTRACT PRACTICE

Somebody has said that just as much may be said in favor of any given proposition as against it. Contract practice seems to be one of these propositions; yet the experience of the profession marks it as dangerous to the dignity and financial success of the profession in communities employing it. There are special conditions that may make it advantageous to the individual doctor to accept contract work, but on the whole, it is an indescribable form of service that should be eschewed by the doctor hoping for a high-water mark of success in his profession.

—o—

A FINAL WORD

The Journal comes to you in this issue with a final appeal for your attendance upon, and hearty and enthusiastic interest in, the fifteenth annual session of The National Medical Association.

Though constituted of a "vast" minority of the practitioners of medicine and allied branches, the N. M. A. has maintained its organization with remarkable success, making quality and dignity paramount to numbers, and depending upon the earnestness and fidelity of the few to compensate for the lack of larger and more extensive representation.

This, at best, however, is a lamentable condition, because the Negro doctor administers unto a people who reside in every quarter of this country, in greater or lesser numbers, and having common ills and like problems of relative health and disease, their status would best be promoted and considered if their professional attendants and advisers were found more often in well-attended councils and conventions, there to combine their thoughts and the results of their experience, observation and study, and to gain for their patrons and the field of their activities the helpful and progressive ideas and ideals born of association and concerted deliberation.

The appeal comes to you as a member of the Association for your attendance, your active interest, the contribution of new thought, and the suggestion or endorsement of helpful methods for the welfare of the Association. And through you we appeal to the non-member to awaken first to the sense of his duty as a part of the profession as national in extent as the people it serves; and then to the fruitfulness of his opportunity to augment his professional stature and increase his usefulness; and lastly to the necessity of acquiring greater intelligence of, and proficiency in, the field of

New Medicine, if he would rise from the plane of limited endeavor to the prestige of physician, surgeon, hygienist, sanitarian, sociologist—the notable family of the conservators of the vital resources of his people.

VACATION

To read the June issue of the Dental Digest is to make the heart glad, and to yearn for the rocks and rills, the valleys and hills, the fishing pond, the seashore and the murmuring sea, and the mountain peaks which lure to their heights healthful and invigorating breezes, and in their majesty and serenity waft you into the forgetfulness of the cares of yesterday and yon torrid clime. All of this the more gleefully, of course, if the “vade mecum” gives promise to the “yearn.”

It is the vacation number, and for the nonce nerve, neurasthenia, analgesia, anesthesia, filling and “billing” are chased from the boards as well-worn turns, and Vacation, sprightly and petite, radiating health, sunshine and cheer, ballets to the delectation of her patrons.

’Tis a hint to you, dear brother. Business aside, up and away! Rest a machine from time to time and you increase its efficiency and its years of usefulness. What say you to the delicate and intricate piece of mechanism we term man! Don’t wait until your engine misses, your radiator wheezes, the carbureter carbons, or leaky valves threaten you with “suspension for repairs.” Don’t wait for a blow-out or a “burst-up.” Get off the job a while. To paraphrase a trite saying—

He who works and runs away: a day or so,
May live to work another day: and then some more.

Verbum sap.—Vacate!

PRESIDENT EN ROUTE

The President of the National Medical Association attended the meeting of the Alabama Medical, Dental and Pharmaceutical Association in Birmingham, on the 6th, 7th and 8th of May. One of the most interesting sessions in the history of the Association was held. The papers were of an advanced order, and the discussions were interesting indeed. The attendance was good, and the interest exhibited by the men of the Association was commendable. Outside affairs detracted very little from the scientific affairs. The cause of the Journal was presented by the Managing

Editor, and was ably supported by Dr. W. E. Sterrs and other members of the Association, with the result that \$37.00 was collected in donations, renewals, and new subscriptions. While in the city he was the guest of Dr. U. G. Mason.

On May 21st, by previous invitation and arrangement, the President visited the meeting of the Georgia State Medical, Dental and Pharmaceutical Association in Columbus, going by way of Opelika. Through the hospitality of Dr. J. W. Darden of that city, he motored in company with Dr. D. H. C. Scott, of Montgomery, to the city of Columbus. The meeting was well attended, and many interesting papers were read and freely discussed. At the evening session the President gave an address on "Public Health" to a large and enthusiastic audience. Dr. G. W. Hubbard, Dean of Meharry Medical College, was present, and spoke from the same platform, along the same line.

On the 3rd of June he expected to leave for Charleston, West Virginia, where he had agreed to be present to assist Drs. Gamble of Charleston, W. Va., and J. E. Hunter, of Lexington, Ky., at their surgical clinic at the Charleston City Hospital, also to give a public health talk during the meeting of the State Medical Society in the city of Charleston. At the last moment he had to postpone his visit by reason of pressing professional duties at home. He left to be present as the guest of honor at the annual banquet of the North Jersey Medical Society in Newark, New Jersey, on the evening of the 12th of June. While in Jersey he was the guest of George E. Cannon, M. D., Jersey City, who, with his esteemed wife, proved to be a most estimable host and hostess. The banquet proved to be a very enjoyable affair. Dr. W. G. Alexander, of Orange, New Jersey, performed his part as toastmaster to the satisfaction of all present. The President responded to the toast: "The National Medical Association." The next evening, the 13th of June, he met the Society in their regular monthly meeting at the home of Dr. W. G. Alexander, Orange, New Jersey, and presented a paper which was commented upon freely by all present; after that an excellent repast was served.

From Jersey, after a short stay in New York, as the guest of Dr. E. P. Roberts, he went to Boston as one of the guests of the Bay State Medical, Dental and Pharmaceutical Association, to its annual banquet at Young's Hotel. Dr. Lucas, one of the professors of Harvard, by invitation, gave a very interesting professional talk on Pediatrics. Several other physicians, dentists and pharmacists present made short addresses. Afterwards the President

of the National Medical Association was called upon for an address, and spoke of the work of the National Medical Association and the Journal. In his remarks he urged the profession of the North to join with that of the South in building up the Journal and the National Medical Association. He pointed out that, by reason of their more favorable environments, they were the more able to render good service to the Association. From the comments made, the address was favorably received.

While in Boston he was the guest of Dr. and Mrs. C. N. Garland, of W. Canton Street.

DR. JAMES E. CABANISS

Leaves have their time to fall,
And flowers to wither at the north wind's breath,
And stars to set; but all—
Thou hast all seasons for thine own, O, Death!

In the death of Dr. James E. Cabaniss, prominent and successful practitioner of our chosen calling in New York City, we again bow our heads to the inevitable. But a few years in the field of his choice, and with a career full of the promise of usefulness and reward before him, our worthy and beloved contemporary's untimely surrender of life's activities adds to death's sorrow, the regret that the roll should have been broken in the death of one whose expectancy in life far exceeded the span of years he survived.

Our hearts go out in deep sympathy to those who mourn the loss of relative, friend and benefactor.

N. M. A.

The pun is a dull one, but it does seem that most of the M. D.'s, D. D.'s, and Ph. G.'s, et cetera, interpret the N. M. A.—Not My Association.

OBITER DICTA

If young men but knew how often King Alcohol compels his subjects

"To eat the bread of infamy
And take the wage of shame,"

they would hesitate to enlist under his banner.

The chiasmodon is a voracious fish with movable teeth and a

distensible stomach that permits it to swallow fishes larger than itself. It is also called the "black swallower." Not an unsuitable emblem for the drunkard and glutton, or the selfish and unprincipled doctor.

—O—

"There is an abecedarian ignorance that precedes knowledge and a doctoral ignorance that succeeds it:" Happy is he who emancipated from the former does not become enslaved by the latter.

—O—

There is great solace in a sedulously cultivated dissatisfaction. The resolute determination to be unhappy is one of the few human projects that seldom fail.

—O—

There are two lines of thought if pursued intently and persistently that will bring only good to the pursuer: Study to eradicate the faults of self, and study to discover the virtues of others.

—O—

The violinist produces his music as much by suppression of the excessive vibrations with his fingers as by producing new vibrations with his bow. So with life. Suppressing our feelings is as productive of happiness as expressing them, sometimes more.

—O—

Man is spiritual, mental, and physical. True marriage is a union of all three factors—soul, mind, and body. Spiritual sympathy, intellectual companionship and physical responsiveness satisfy all valences of life and make marriage happy and permanent. A failure in any one of these particulars leaves an unsatisfied valence that will assuredly lead to disappointment or other alliances. Imperfect marriage, rather than defective morals, is the cause of divorce.

—O—

TEMPORA MUTANTUR

In Elizabeth's time Sir Joshua Hawkins initiated the slave trade and was honored therefor. A slave bound was an honored coat of arms.

Lincoln is honored by the symbol of a broken chain.

"The world is marching on."

—O—

Diabetes sometimes provokes lesions in the genitals that strongly simulate venereal disease. Gonorrhoea, chancroid, chan-

cre and even tertiary lesions may be simulated so strongly as to deceive the experienced diagnostician.

—o—

Seeing ghosts is no more mysterious than the diving of a cartesian bottle imp, and is as easily explainable.

—o—

The untotored mind is quicker to note resemblances than differences. A boy astride his father's cane calls it a horse. "Muver! muver!" cried a four-year-old girl as she noticed a caterpillar, (the first she had ever seen) crossing their path, "Look! your muff's little girl is taking a walk."

—o—

A person who will not ventilate his apartments and who possesses a pronounced personal bouquet might be termed "an odoriferous facultative Anaerobion" as a pretty good substitute for genuine "cuss-words."

—o—

Credit yourself with every pleasant occurrence and debit someone else with every unpleasant one, is a simple but egotistical method of social book-keeping. It has the advantages of certainty. It never fails to bring unhappiness. Everybody owes you and you owe nobody. This constant improper balancing of the books is bound to be distracting to the creditor. No pessimist should fail to employ it.

—o—

"An optimist is one that has to do with the eyes and a pessimist is one that has to do with the feet," said the embryo etymologist amid the laughter of his elders. "The child is wise beyond his years," observed the philosopher, "for what is an optimist but a person with 'vision?' And a pessimist is but a kicker."

—o—

Some people are so busy seeing that others conform to the proprieties that they fail to observe them themselves.

—o—

From a sentimental standpoint, human life is more important than property, but in practice mankind almost invariably acts on the opposite principle. A rich man would not hesitate to pay a \$10,000 fee to a great lawyer to report upon the validity of an investment in bonds, while he would literally die before he would pay a great physician that fee for a report on the advisability of an operation involving life and death.

A sad corollary of the "survival of the fittest" is the perishing of the unfit. Death to the inefficient is Fate's heartless decree in every walk of life.

Ignorance is not only the absence of knowledge, but the absence of a sense of that absence.

Egotheism is a poor religion.

BY-PATHS OF ETHNOLOGY

One of the most disastrous things that can befall an individual or race is to conceive as essential to life's success ideals that are absolutely unattainable. This grasping after the unattainable may lead simply to non-success or it may take the more virulent form of downright crankery or even insanity.

The one great handicap of slavery in this country was the imposition of the white man's ideal on the black man. This cramps the black man at every step of his progress and in many cases is an absolute preventative of any progress whatever.

The white man's ideal man is of course WHITE.

When a black man consciously or unconsciously accepts this ideal he has shut himself out of the paradise of earthly achievement. Ideals once adopted become ideas, and ideas once fixed in the mind are not possessed by us but possess us and force us to defend them. It is thus evident that our ideals eventually regulate our daily conduct and measure our accomplishment in life. The object of an education should be to give us correct ideals, for the man with wrong ideals is on the road to no-where. Labor with what zeal he may his efforts are as tangible as "a scudding cloudage without a shape," and his accomplishments as monumental as "a footless stocking without a leg." Un-

attainable ideals are wrong ideals. A BLACK MAN CAN NEVER BE A WHITE MAN. This is axiomatic. But in the white man's thinking, White and Man are synonymous terms and he adopts the above sentence as axiomatic with the word white left out; and thus the black man with the white man's ideals finds himself surrounded by an impenetrable wall plentifully labelled "room at the top" but there is neither ladder nor rope, nor elevator, nor wings at hand with which to rise. He must be content to remain the subterranean river that furnishes moisture to the white man's tree of prosperity. As the inexperienced traveler in a cold country thinks by yielding to the warming drowsiness that is coming over him he can rest and refresh himself and continue his journey with renewed vigor thereafter, so the black man with the white man's ideals hopes by aping white folks or becoming the white man's ideal "nigger" to enter the Elysian fields of actual citizenship in this country. Vain hope! The initiated inhabitant knows that the sleepiness of those exposed to cold is but the Eusthania with which old Boreas ushers his victims into the Region of Eternal Silence. So those learned in the history of mankind and the ways of the world know the aping of one people by another is but the toxic nepenthe

that will put to sleep forever racial consciousness and correct ideals—without which no race has ever been anything but “hewers of wood and drawers of water.”

The one great educational need of the American Negro today is the formation of correct ideals, ideals that look forward to the unification, elevation and perpetuation of his own people as an ethnic entity, ideals that look forward to a final triumph over the obstacles to our racial dignity and unity, ideals that spurn with contempt the thought of citizenship at the price of racial identity, ideals that will banish forever the humiliating suggestion of an ethnic nirvana attained by miscegenation, mongrelism and prostitution.

The man with these ideals who can get his people to follow, is the real Moses. True statesmanship builds that succeeding generation may continue the march. Moses leaves his work in such condition that Joshua can continue the march to the Promised Land.

Much of the so-called leadership teaching given the Negroes in America today is as valuable to the race for guidance through the wilderness of prejudice as the rabbit tracks on last winter's snow are to the hunter of this winter.

Science has ever been descriptive rather than explanatory. A modern writer has truly and eloquently said:

“Silence boldly heralds her descriptive discoveries, and as carefully ignores her explanatory failures. She dare not explain the why even of the simplest things. Why does the robin hop, and the snipe walk? Do not tell me this is beneath the notice of men of science, for science claims that no subject is outside of her realm. Search your works on natural history and see if your man of science, who describes the habits of

these birds, explains the reason for this evident fact. How does the tree-frog change its color? Do not answer me in the usual superficial manner concerning the reflection of light, but tell me why the skin of the creature is enabled to perform this function? How does the maple tree secrete a sweet, wholesome sap, and deadly night shade, growing in the same soil and living on the same elements, a poison? What is it that your scientific men find in the cells of roots, or rootlet, to indicate that one may produce a food and the other a noxious secretion that can destroy life?”

The human mind is not satisfied with description. It wants explanation. That is why science alone is not satisfying as a creed and men turn to philosophy, which essays to explain the universe and man. This philosophy may take the form of religion and faith or reason and doubt, or what is more common a combination of both.

Out of this effort to explain things have grown two distinct systems of thought: Materialism and Spiritualism. Both are attempts to explain the existence of things. One or the other of these systems, with their various modifications and ramifications is satisfying to most thoughtful minds. A small coterie of cogent thinkers, however, reject these and all other explanations and declare the problem of existence inexplicable. This system (Agnosticism), while not rising to the dignity of a philosophy, has a practical bearing that must be noticed in any comprehensive view of the problem of life. Let us note briefly these doctrines and their applications to the daily life of the individual.

Materialism supposes that matter is the only substance, and that matter and its motion constitute the uni-

verse. "Philosophical Materialism holds that matter and the motions of matter make up the sum total of existence, and that what we know as psychical phenomena in man and other animals are to be interpreted in an ultimate analysis as simply the peculiar aspect which is assumed by certain enormously complicated motions of matter."

This may sound strange to the uninitiated but is a highly reasonable position, and to some minds forms the most satisfactory explanation of all phenomena. It is a sound deduction that a thing that never had a beginning will never have an end, and, conversely, that which has no end never had a beginning. Now matter is indestructible and force is persistent. It is quite logical to believe that matter is eternal and the whole of existence. But however logical this position may be philosophically, it is not satisfying to believe we are all only machines of varying complications. So we have the antipodal philosophical position that matter exists only as an expression of thought. This view is as old as human thought and under the various forms of Spiritualism, Idealism, Hylo-Idealism, Transcendentalism, etc., has served to explain the universe and its phenomena to a large portion of mankind.

The Metaphysical doctrine that the real is of the nature of thought—that all reality is in its nature psychical, is no more comprehensible to the unlearned nor any more logical to the learned, than the opposite doctrine of Materialism. It is, however, more satisfying to both. But neither of these extreme positions is held by the majority of mankind. Dualism or a union, as it were, of these two are accepted practically by the majority of mankind.

The following is acceptable to most of us:

"An inevitable Dualism bisects Nature, so that each thing is a half, and suggests another thing to make a whole; as, spirit, matter; man, woman; odd, even; subjective, objective; in, out; upper, under; motion, rest; yea, nay.

The same dualism underlies the nature and condition of man."

We have, then, four distinct, fundamental views of life, phenomenal nature and man. Four attempts of the human mind to solve the riddle of existence, four attempts to answer the ineluctable question: What are we? whence came we? Whither go we?

(1) Thought is primary and causative—the origin of all phenomena. "The universe is a thought of God."

(2) Matter is eternal and all in all. Life, thought, etc., are only manifestations of the motions of matter.

(3) Dualism that believes in matter actuated or moved by spirit.

(4) Agnosticism that rejects all explanations and declares the problem of existence inexplicable.

Out of these fundamental systems of thought, understood by the few only, grow all of our religious, social, educational, and governmental theories.

Materialism.—When it reaches the daily life of individuals, manifests itself in irresponsibility and selfishness. Its votaries believe, as Epicurus in ancient times, that the highest duty of man is to seek his own selfish pleasures,

"The Brotherhood,
Of soft Epicureans taught—if they
The ends of being would secure,
and win
The crown of wisdom—to yield up
their souls
To a voluptuous unconcern."

In modern times we see it manifest itself as Malthusianism which looks

calmly upon war, pestilence and infanticide as nature's prevention of over-population.

In our own day it takes the form of a mad race for money. Men are no longer satisfied to gain a competence and retire but continue the race with increasing avidity as the millions pile up, crushing with heartless brutality any who may be so unfortunate as to be in the way.

Everything has its price in gold. Families sell their ancestral titles and universities their coveted degrees. Men barter their honor and women their virtue. In fact Lecky's description of another country in a different time fits America very well today: "Epicureanism had indeed spread widely over the empire, but it proved little more than a principle of disintegration or an apology for vice, or at least the religion of tranquil and indifferent natures animated by no strong moral enthusiasm."

In our own race it has taken the form of Industrialism or Manual Training masquerading as an Aladdin's lamp whose magic rays will dispel all the darkness that has fallen so thickly athwart the Negro's path. This educational atavism has added novelty and enthusiasm to our educational problems and has done great good and may be expected to do still greater. Those, however, who expect to find in this philosophy a solution for our ethnic puzzles or a panacea for citizenship denied, are doomed to disappointment. It is as true today as it was in Palestine two thousand years ago, "Man shall not live by bread alone." Materialism as a practical life philosophy has proved a failure with every race, in every age, in every country, and will utterly fail to solve the Negro problem of America today. It takes very little knowledge of human nature to enable one to see that if the bread and meat proposi-

tion is to be made "the paramount issues," increased industrial efficiency on the part of the Negro will but accentuate the difficulties. Surely this tree bears no fruit of consolation. Let us shake another.

The opposite doctrine of Idealism or the belief that thought is all in all, is as deficient, as a practical life philosophy, as Materialism. Logically it leads to all kinds of metaphysical nonsense. Religiously it leads to numberless "isms" of varying degrees of mental unsoundness, from simple enthusiasm to absolute mania. Socially, it leads to neglect of the practical duties of life. In fact this is the soil from which spring most of the vagaries of religion and politics. Doweyism, Christian Science, and Socialism are some of the variegated fruit of this ancient and prolific, philosophic tree. It hopes to destroy Man's appetite for strong drink by prohibitory legislation, and make citizens of emancipated slaves by constitutional amendment. In other words, while Materialism neglecting emotional and altruistic aspirations, sinks to the earth and dies, Idealism, ignoring the actualities of life, disappears in thin air, becoming as insubstantial as "the baseless fabric of a dream." Either of these systems of thought alone is as incapable of making a working philosophy of life as hydrogen or oxygen (the sole constituents of pure water) is of making a beverage to slake thirst and give fluidity to vital tissues.

We still have Agnosticism and Dualism from which to get an everyday tangible, working philosophy of life. Mankind cannot be satisfied with mere negation. "I don't know" is not answer enough to the cry of the cradle, nor explanation enough to the silence of the coffin. The devotees of the so-called practical sciences may continue to asseverate that first

causes and final effects are beyond human comprehension, yet the majority of mankind will reject Agnosticism and regard Eschatology, Ontology and Teleology as sciences worthy of study.

Every thoughtful person eventually reaches a gnosis of his own—an individual life philosophy, a personal religion. Its simplicity or elaborateness depending upon the degree of intellectual force and acquired knowledge of the possessor. No one above the brute is without it. The same is true of races. Ontogeny is phylogeny in miniature. The individual whose religious and ethical notions lack this personal flavor can never reach real freedom and the race without a distinctive ethnic idea (spiritual, intellectual, and physical), will have no recognized standing among the peoples of the world. Some private distinctiveness of thought is necessary to produce personality in an individual, and without personality human units are not persons but things,—pawns in the game of life—driftwood of society—derelicts in the sea of time—footballs of circumstance—slaves of fashion—hewers of wood and drawers of water. So with the races. One that tries to conform the education of its members to the ideas set by another race, however friendly that race may be, can never evolve those distinctive racial traits that make for ethnic entity. A race must produce philosophers of its own blood to formulate for it an ethnic consciousness before it can win the respect of mankind, and count one among the tribes and peoples of the earth.

This ethnic consciousness must be evolved from within the race: it cannot be superimposed from without. Grecian philosophers and statesmen made Greece. Romans made Rome; the British made Britain; the Japan-

ese made Japan; and if China ever awakens Chinamen will awake her. It is an inevitable and inexorable law of nature. The conclusion is inevitable that if the American Negro ever reaches true citizenship in this country, it will come from the enlightened teachings of wise men of Negro blood, whose racial personality is strong enough to enable them to face life and its problems as men, not as the imitations of the men of some other race. All puerile rhodomontade about social equality will then die of inanition, for the Negro will then regard the society of his own upper circles as the acme of social privilege. The white man seeing this will cease to bar and guard a door that no one is seeking to enter.

The question then arises, what form of teaching will enable us as individuals to form a correct life philosophy that will unite us into a race with tribal ego—an ethnic consciousness that WE are THE people?

Philosophic Dualism is that system. Let us examine the history, teachings and applications of this philosophy; for if its teachings can open to us a path of racial evolution that means our full emancipation it will indeed be a pearl of great price.

And we as rich in having such a
jewel as twenty seas,
If all their sands were pearl,
The water nectar, and the rocks pure
gold.

Waiving for the sake of argument, the possibility of proving the comforting religious doctrine of the immanence of God, I assert upon purely philosophical grounds that belief in God is the best workable hypothesis the brain of man has ever evolved for the daily guidance and solace of man. Nature or matter, universal and eternal, actuated and controlled by the omnipresent and omnipotent spirit is a "safe and sane" view of existence.

Phenomenal matter and noumenal spirit is a conception at once sound and satisfying. This quality of nature is reproduced in man. In his bodily make-up a man is but a portion of universal living nature. Modern science unites with ancient Scripture in declaring "Man hath no pre-eminence over a beast—yea they have one breath." But "the spirit of the beast goeth downward and the spirit of man goeth upward." In his consciousness (intellectual or spiritual powers) man partakes of the noumenon. Now the true object of education should be to make individual conduct conform to Nature's laws. Therefore educators should understand the dual constitution of man. Matter is not life, though we know not life except through matter. The musical instrument is not music, yet we can have no music without the instrument. So the body is not the man, though on this plane of existence, we can know the man through the body only. The real man is the consciousness and says, "*cogito ergo sum*," "the spirit that goeth upward," the noumenon in us.

It is evident then that education to be permanently profitable, to reach the ideal mentioned (the conformity of individual conduct to Nature's laws) must affect the real man. The more mentality and spirituality an individual possesses the greater is he. "The mind is the standard of the man." "The size and power of the digestive organs are not measures of worth and greatness, however necessary they are to existence. If so the anaconda would shine resplendent in the fanes of terrestrial glory. To produce thought, not meat and bread, to form character, not accumulate riches, should be the aim of our educational system." "All men as brothers were better than gold." Until you get a man to thinking right any other

help rendered him is bound to be temporary and inefficient. Mental and spiritual development alone elevate individuals and make nations great. Mechanical and industrial skill is valuable only as a sustainer of mentality, which is the real race-power that makes for ethnic respectability. Though essential to race-power, industrialism is not that power. The fertilizer is necessary to the soil but is not the crop which the soil is expected to produce. China is an awful example of the inability of "manual training," industrial education or any mere physical power, whatever, to give ethnic force. Great physical strength, numerical preponderance, unsurpassed mechanical dexterity (Chinamen make anything from a needle to a battleship), advantageous geographical position, inexhaustible natural resources, immense chronological priority, all combined are not sufficient to prevent that unfortunate country from being the plaything and spoils of nations. Why? The Chinaman persists in looking to the spirits of his ancestors for guidance, instead of regulating his conduct by the uncontrollable laws of nature.

But look at Japan! what a transformation between the appearance of Perry's fleet before Tokio, and Togo's fleet before Port Arthur. What was the difference between the people who feared the one and those who breathlessly awaited news from the other? Progress, we call it; and marvel at so much progress in so little space of time. When we get at the bottom of it there is nothing marvelous about it but its rarity. Japanese thinkers saw that they were wrong and faced about. The people followed; and hence that national metamorphosis which has astonished and mystified the Occident. The Chinaman reasons *a priori* and seems entirely incapable of profiting by ex-

perience. He can imitate Western mechanisms but does not comprehend Occidental thought. His manual dexterity will enable him to make the gun the "foreign devils" use but his *a priori* reasoning won't furnish the kinetic energy that actuates the man behind the gun. The Chinaman believes the spirits will guide and protect him. The Englishman *knows* practice will enable him to shoot straight. The Chinaman gives full reign to his intuitions, traditions and superstitions; the Englishman in practical things subjects intuition to reason, belief to knowledge, faith to fact, theory to practice, *a priori* conclusions to *a posteriori* demonstrations. Thus the Chinaman often outrages experience but remains true to his traditions. The Englishman on the contrary, follows reason and lets tradition take care of itself; and consequently, there are often wide gaps between his apparent faith and actual practice. "Trust in the right and pray to the God of battles," says the British faith, but "keep your powder dry" adds hard-headed experience. The motto of the British soldiery is "*Semper paratus*" (Always ready). The Japanese saw all this and adapted English thinking for development

at home and imitated Western manners for diplomacy abroad. And that is the whole story. Correct thinking did the work. Thought makes or mars nations. All history shows this. The glories of Israel under David, the golden age of Greece, the marshal supremacy of Rome, the Elizabethan epoch of England, the rise and fall of Spanish dominion, the meteoric career of the first Napoleon, the American Revolution, the triumph of Nippon over Russia, the shame of Europe and the rape of Africa, the triumph of the Union and the downfall of the Confederacy are but illustrations of this truth. Thought determines the destiny of rational beings. The life of the individual symbolizes that of the nation. The American Negro is no exception to Nature's laws. The destiny of the individual Negro depends upon that Negro's thoughts and how he translates them into action. The destiny of the race will be determined by the thought of the leaders. WHAT THOUGHTS, THEN, SHOULD DOMINATE OUR LEADERS THAT THEY MAY WALK IN THE LIGHT AND INSPIRE THE RACE TO FOLLOW?

(To be continued)

KNEW HOW

An Irishman out of work applied to the "boss" of a large repair shop in Detroit.

When the Celt had stated his sundry and divers qualifications for a "job," the superintendent began quizzing him a bit. Starting quite at random he asked:

"Do you know anything about carpentry?"

"Shure!"

"Do you know how to make a Venetian blind?"

"Shure!"

"How would you do it?"

"Shure, I'd poke me finger in his eye."—Harper's Magazine.

SKETCHES FROM LIFE

"A tale should be judicious, clear, succinct;
The language plain, and incidents well linked;
Tell not as new, what everybody knows,
And, new or old, still hasten to a close;
There, centering in a focus round and neat,
Let all your rays of information meet."

HEAVENS, HENRY!

Romantic Wife—"I wonder if the old oak tree under which you proposed is still standing?"

Mean Husband—"Naw! I went back the next week and chopped it down."

LINCOLN'S CHIN FLY STORY

A certain amount of trouble is a good thing.

Lincoln used to illustrate the point with the story of a "chin fly."

It seems that once a man was plowing with a very lazy mule. Suddenly the mule raised its head, switched its stump of a tail and went across the field at a rapid walk and with most unusual energy.

Reaching the end of the row there was a man on the fence. When the mule and man came up the fellow got down, walked over to the mule and hit him a slap on the jaw, remarking, "Well I killed him that time!"

"Killed what?"

"Why, that chin fly!"

"Well, you interferring fool. I wish you would mind your own business. That chin fly was the only thing that made the mule go."—Judge.

A HOPEFUL OUTLOOK

Discussing the turkey outlook for the holidays, H. Lynton Barker, one of Baltimore's leading shoppers, said:

"The warm autumn has kept the birds thin. It has put some men out

of business. Turkey farming, you know, is no cinch.

"I was commiserating the other day with a Delawarean who had had very bad luck with his turkeys.

"Well, how are you doing now?" I asked.

"Worse than ever with my turks," he said, "but my hens have taken a turn for the better."

"How so?" I asked.

"Why," said he, "they've begun to eat their own eggs now, and so it looks to me as if they'd eventually become self supporting."—Pittsburg Dispatch.

POSTMORTEM CHAT

Two Irishmen were working on the roof of a building one day when one made a misstep and fell to the ground. The other leaned over and called:

"Are yez dead or alive, Mike?"

"Oi'm alive," said Mike feebly.

"Sure you're such a liar Oi don't know whether to belave yer or not."

"Wel, then, Oi must be dead," said Mike, "for yez would never dare to call me a liar if Oi wor aloive."—Philadelphia Record.

CHEERING HIM UP

Patient—How soon will I be out of here, nurse?

Nurse (private hospital)—Just as soon as you're strong enough to sign a check.

DOCTORING A DOCTOR

"I say, doctor, did you ever doctor another doctor?"

"Oh, yes."

"Well, tell me this: Does a doctor doctor a doctor the way the doctored doctor wants to be doctored or does the doctor doing the doctoring doctor the other doctor in his own way?"

IMMUNE

Mother—"Now, Franklyn, if I hear of your playing football again I shall chastise you."

Franklyn—"Well, mother, a chap who's afraid of a licking would be no earthly use at football."

OUT OF THE MOUTHS OF BABIES

"My goodness, how time does fly!" exclaimed small Edith on her birthday. "Yesterday I was a whole year younger than I am now."

"Thomas," said the teacher, "can you tell me how many teeth a normal man has?"

"Yes, ma'am," replied the youngster. "He has a mouthful."

PARAGRAPHIC POINTERS

Silence may be golden, but silver will shut a man's mouth just as effectively.

If we were all as good as we advise others to be, heaven would be right here on earth.

A cloth jacket is warmer than a fur lined coat there being less temptation to leave it open.

Anyway, the leap year girl who proposed to a man was merely trying to make a name for herself.

No man's credit is so bad that he can't borrow trouble.

Usually a man's sense of humor goes lame when the joke is on him.

The less brains a man has to spare the more likely he is to lose his head.

The poor man must go out and weather the storm, but the rich man can stay at home and storm at the weather.

WHAT SHE SAW

A little girl was having her first ride on a big steamboat, crossing the Atlantic. The captain was explaining numerous things to her, among them his telescope.

"Now, what would you like to see through it?" he asked pleasantly.

"I'd like to see the equator."

The captain pulled a hair out of his head and holding it before the telescope, bade the little girl look. "Do you see it?"

"O, yes," she said, "and there's a camel walking across it."

AN EXACT SCIENCE

O, potent physiognomy! I worship at your shrine.

A thousandfold you've added to this wisdom stock of mine.

By noting all your changeless rules and using both my eyes

I've learned a very many things that fill me with surprise.

For every shape of head and face must hold and hide a brain

Just like each other head and face formed likewise in the main.

Of course I've felt my firm faith shake at various times, but still

I grimly grasp your tenets, and I s'pose I always will.

For instance, there's a double of John Wanamaker stands

Beside my alley entrance with shoe-laces in his hand;

I know a Paderewski who chauffeurs a garbage "pram,"

And one John Rockefeller does cement on the dam.

While one you couldn't tell from Canny Andy, were he clean,

Goes 'round and begs, all winter, with a straw hat on his "bean."

'Gene Chafin has a double 'tending
bar in Terre Haute,
And Peter Cooper's image stole his
widowed sister's shote.

A man like Woodrow Wilson does a
foolish song and dance,
A ringer for the neat John Drew goes
'round with ragged pants;
A fellow who's a perfect carbon copy
of Jim Hill

Has never ridden in the cars and
swears he never will.

An uxoricide I used to know resem-
bled Phillips Brooks,
And Martin Luther's ringer was a
very king of crooks.

Yet, though these instances arise to
shake my faith a bit,

I'm strong for physiognomy, and doff
my hat to it."—Leslie's.

STORIES WORTH WHILE

A German whose first name is
August, runs a saloon in Sioux City.
One day last June the landlord called
to collect the rent and before leaving
said:

"Say, August, after the first day of
July I'll have to charge you \$15 a
month more than you are paying now.
The paving of this street has cost me
a good deal and now the gas com-
pany is raising its rates, and I've
got to have more rent."

"Vell," said August, "that's all
right."

A little later the barkeeper came
over to August's desk and said:

"Say, August, the cost of living is
goin' up so fast that I gotta have
more wages. After the first of July
I want \$10 more a month."

"Vell," said August, "I guess that
will be all right."

The next day the representative of
the brewery called to collect for the
beer and when he was writing the re-
ceipt he said:

"Say, August, hops is darned scarce
this year and after the first of July
we've got to have \$1.25 a barrel more
for the suds."

"Vell," said patient August, "I
guess that is all right."

August sat and figured a little
while, then took his hat and went out.
Pretty soon he returned with a new
sign, which he hung over the bar—
and this is what it contained:

"After the first of July will be the
last of August."—Saturday Evening
Post.

A certain haunted house down in
Georgia was held in terror by all
the Negroes in the vicinity except
Sam, who bravely declared that for
\$2 he would sleep there all night. A
purse was raised and Sam was told
to carry out his end of the bargain
and to call in the morning for the
money. When morning came no trace
of him could be found; the house con-
tained nothing but evidence of a
hurried departure. A search party
was organized but without result.

Finally, four days later, Sam,
covered with mud, came slowly walk-
ing down the road.

"Hi, dere, nigger!" yelled a by-
stander, "where's you been de las' fo'
days?"

To which Sam curtly responded:

"Ah's been comin' back."—Ex-
change.

CURE FOR SLEEP WALKING

Somehow the conversation drifted
around to the subject of dreams, from
dreams to nightmares, from night-
mares to somnambulism.

"A roten habit, walking in one's
sleep," remarked Mr. Brown, the vil-
lage humorist. "Do any of you fellows
suffer from it?"

Young Smithson, who had always
had a horrid but unfounded fear that

he was delicate, rose to the occasion immediately.

"Yes, I do," he remarked, "and have done so for years. D'you know any remedy?"

"Do I know a remedy? I should jolly well think I do!" replied the humorist. "Why, I'll give you the prescription now, and you can take it around to an iron-monger."

"An iron-monger?"

Young Smithson thought that his ears must be playing tricks with him.

"Yes, an iron-monger," said Mr. Brown.

Then he wrote out the following prescription: "One penny box of tin tacks. Dose: Two tablespoonfuls to be scattered about the room at bedtime."—Exchange.

A BAD CASE

"Did you hear about the dreadful mistake Dr. Sawbones made? That man he operated on for appendicitis didn't have what the doctor thought he had." "Didn't have appendicitis at all, eh?" "Oh, he had appendicitis, all right, but he didn't have any money."—Exchange.

FATHER'S LESSON

"Can't you keep still, David?" asked Mr. Mead from behind his evening paper. "What are you doing?"

"Studyin' Latin," came the muffled answer, "an' I'm stuck."

"Show it to me," ordered his father, resignedly. Mr. Mead's Latin was exceedingly rusty, and he, knowing this fact, was wont to act with due caution.

David brought his work over and explained where the trouble lay. It seemed that a certain word could not be found in the vocabulary, nor could he guess whence the form was derived. The father studied the page for a moment and then said: "Now,

David, I don't think I ought to help you. It is a great deal better for you to puzzle things out for yourself. In this case it is merely a question of your knowing your declensions and conjugations."

The lad worked till bedtime without success. The next afternoon he came home from school with a look of triumph.

"I've found out about that word!" he announced.

"Perseverance—" began his father.

"The teacher told us it was a misprint."—Harper's Magazine.

UNHAPPILY EXPRESSED

Brown was what is commonly called a gifted amateur singer.

As a matter of fact, he had really quite a good voice, and, although he had only just recovered from an extremely bad cold, readily responded to an invitation to sing at the village concert. What is more, he rendered his selection in a truly charming manner.

When the applause had died down, however, the chairman—a nervous little man, somewhat inexperienced, arose hurriedly to his feet.

"Ladies and—er—gentlemen, he began, "before Mr. Brown started to—er—sing he asked me to apologise for his—er—voice, but I omitted to do this. So I—er—apologize—er—now."—Philadelphia Enquirer.

SIC PATER, SIC FILUS

Mr. Greene was threatened with a contagious disease, and when his little son, Ned, who was of very affectionate disposition, came to embrace him before retiring, he said:

"Neddie, my boy, you mustn't hug me. You'll catch the scarlet fever."

Ned looked at his father in amazement for a moment. Then he asked:

"Say, father, who did you hug?"

N. M. A. COMMUNICATIONS

NASHVILLE

**The Mecca for Negro Physicians,
Dentists and Pharmacists, August
26, 27 and 28, 1913**

The indications now are that the National Medical Association will have the greatest meeting of its history in Nashville this year. A reunion of the graduates of Meharry is now being planned for the same time which insures an exceptionally large attendance. Then, too, Nashville is one of the most easily accessible places for this meeting. It is on the border line between the North and the South. Within a night's railroad ride more than 20,000,000 people live.

There are many things about Nashville which make it a point of interest in addition to its easy accessibility. It is in the midst of the rich blue grass section of Middle Tennessee which, together with its diversified hills and landscapes, makes it "beautiful for situation" the year round. Nashville is the educational center of the South, having here two of the leading universities of the South and forty-five institutions for higher education. Included in these are Fisk University, Roger Williams University, Walden University with Meharry Medical College, and the State Agricultural and Industrial Normal School, which are among the best known schools for Negroes. Nashville is the best lighted city in the South; it is one of the most orderly and economically governed cities in the United States. In Cen-

tenial Park is the only exact reproduction of the famous Parthenon of Athens in America.

Nashville is the greatest exponent of Negro co-operation, thrift and industry in America. In no other southern city does there exist such friendly relationship and mutual interest between whites and blacks as here. Race strife and riots are unknown.

The National Medical Association comes to Nashville as the guest of the Rock City Academy of Medicine and Surgery, the most compact and progressive organization of its kind in the country. This host will be assisted by the Negro Board of Trade of Nashville and by the auxiliary committee of the wives of the doctors. In fact, all Nashville hails with delight the coming of the National Medical Association.

Preparations are rapidly being completed for the entertainment of the delegates and all who come. Committees have been organized and are actively at work.

Meharry Medical College will throw open wide her doors, and with her newly equipped and commodious hospital, her laboratories, dental parlors, dissecting rooms, spacious auditorium and banquet hall, unequalled advantages are offered not only for scientific, instructive and profitable work, but for convenience and enjoyment.

All sessions will be held on the campus. Accommodations will be provided for all delegates and visitors in the homes of the best families here for \$1 per day.

Among the social features will be a trip to the historic "Hermitage," the home and resting place of Andrew Jackson.

The following chairmen of committees have been appointed:

On Homes—J. H. Hale, M. D.

Reception—W. A. Reed, M. D.

Entertainment—A. M. Townsend, M. D.

Local Program—C. V. Roman, M. D.

Surgical Clinics—F. A. Stewart, M. D.

Medical Clinics—J. A. Lester, M. D.

Dental Clinics—R. H. Voorhees, D. D. S.

Pharmaceutical Exhibit—Wm. Sevier, Ph. G.

Laboratory Exhibit—J. H. Holman, M. D.

Citizens' Committee—Professor F. G. Smith.

Entertainment of Visiting Ladies—Mrs. A. M. Townsend.

In the next issue of the Journal, arrangements in detail will be given.

For further information write either Dr. J. H. Hale, 408 Cedar Street, Nashville, Tenn., or Dr. A. M. Townsend, 637 Main Street, Nashville, Tenn., or Dr. J. W. Bright, Secretary, 537 Main Street, Nashville, Tenn.

With a hope that this will be the greatest meeting of the National Medical Association ever held, we remain, expectantly,

Rock City Academy of Medicine and Surgery.

J. H. HALE, *President,*

J. W. BRIGHT, *Secretary.*

THE NATIONAL MEDICAL ASSOCIATION

The forthcoming session of the National Medical Association which will be held in Nashville, Tenn., in August, promises to be the most largely at-

tended and interesting convention yet held. The Local Committee already has well under way plans for the reception and entertainment of guests, and an elaborate and interesting program covering a wide field of subjects is being prepared by the program and censor committee. These meetings are becoming annually more interesting, and the number of men who plan their vacations to coincide with the meetings of the Association is largely increasing. It is very desirable that those who have not been attending should begin to make their plans for this occasion. Application has already been made to the Southeastern Passenger Agency for reduced rates, and we have every assurance that our request will be granted. This means that one may attend the convention for just a little more than the regular one-way fare. It is more than likely that there will be a great number of members of the profession who will submit papers to the Program and Censor Committee, and this committee, in order that it may give proper consideration to all such papers and arrange them in the best manner for the program, is desirous that subjects and abstracts should be submitted to them at once. These should be sent to the General Secretary whose address is 14 Webster Place, Orange, New Jersey.

The other members of the committee are: Dr. A. M. Townsend, Nashville, Tennessee; Dr. J. M. G. Ramsey, Richmond, Virginia.

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N. M. A. CONVENTION

St. Paul, Minn., Apr. 22, 1913.

Dear Doctor: This is just a note in recognition of your letter. I want to break the news to you, gently, that I am coming to the meeting in Nashville in August. My purpose in coming is to bring the Convention here

in 1914 and I want your help. I am sure I can entertain you as you have never been before. One of the features of entertainment that I purpose giving the members of the Convention is a day at the Mayo Hospital. Will you please mention in the next issue of the Journal that I have extended the invitation, and I am sure that when you have been here you will say that "the half has never been told."

Yours fraternally,
V. D. TURNER.

STATE VICE-PRESIDENTS

The following list contains the names of those who have been appointed State Vice-Presidents for the present year:

Dr. N. J. Atkins, Greenville, Tex.
Dr. J. M. Thompson, 77 St. Phillips St., Charleston, S. C.
Dr. Silas S. Thompson, 952 R. St., N. W., Washington, D. C.

Dr. Chas. Thornhill, 2216 Second St., New Orleans, La.

Dr. W. Willis E. Sterrs, Decatur, Ala.

Dr. Edward W. Smith, Winston-Salem, N. C.

Dr. N. L. Edwards, Bluefield, W. Va.

Dr. J. B. Hall, 60 Windsor St., Boston, Mass.

Dr. W. H. Higgins, Providence, R. I.

Dr. J. E. Cabaniss, 457 Lenox Ave., New York City.

Dr. C. L. Carter, Harrisburg, Pa.

Dr. C. S. Haynes, 537 Hancock St., Athens, Ga.

Dr. G. W. Hayman, Little Rock, Arkansas.

Dr. Mary E. Britton, 545 Limestone St., Lexington, Ky.

Dr. R. C. Brown, Richmond, Va.

Dr. H. J. Burnett, 23 Maple Pl., Montclair, N. J.

Dr. T. S. Hawkins, Baltimore, Md.

MAID AND THE WEATHER

A Richmond woman has in her employ a colored cook who has managed to break nearly every variety of article that the household contains. The mistress' patience reached the limit recently when she discovered that the dusky servitor had broken the thermometer that hung on the house porch.

"Well, well," sighed the lady of the house in a more resigned way; "you've managed to break even the thermometer, haven't you?"

The maid replied in a tone equally resigned. "Yessum, and now we'll have to take de weather jist as it comes, won't we?"—Lippincott's.

A SMALL BOY'S SOLEMNITY

Outside it was snowing hard and the teacher considered it her duty to warn her charges.

"Boys and girls should be very careful to avoid colds at this time," she said solemnly. "I had a darling little brother, only 7 years old. One day he went out in the snow with his new sled and caught cold. Pneumonia set in and in three days he was dead."

A hush fell upon the school room; then a youngster in the back row stood up and asked:

"Where's his sled?"—Answers.

GOOD REASON TO CRY

Mother—"Tommy, what's the matter with your little brother?"

Tommy—"He's crying because I'm eating my cake and won't give him any."

Mother—"Is his own cake finished?"

Tommy—"Yes'm, and he cried while I was eating that too."—Philadelphia Inquirer.

OF INTEREST TO DENTISTS

BY R. C. BROWN, D. D. S., EDITOR
RICHMOND, VIRGINIA

DENTAL CARIES

Dental caries is as old as man. It is the most prevalent disease known to the human race. There is no place on earth where dental caries is not feared and felt. The nations of the North and South are robbed of peace and happiness by dental caries, which softens the tooth substance, brings about complete destruction of the calcareous bodies for the mastication of food in the anterior part of the alimentary canal.

This pathological condition is brought about by two great causes, the congenital and the acquired. The acquired form is the only one we have been trying to find the panacea for which the Egyptians sought 3700 B. C. In 1530 the Germans were in search of the panacea and declared that dental caries often affected the back teeth, especially when they are not cleansed of clinging particles of food which, when decomposed, produce acids, causing them to decay little by little with much pain, and finally destroy them completely.

These German writers mentioned Mesu, who lived two hundred years before, as their authority, and even before this time men were known to be searching for the panacea for dental caries. Treatises, written by the French, were translated into German as early as 1733, telling how to remove carious parts of a cavity and fill the same with leaf gold.

Hunter, in 1778, and Fox, in 1806, had almost the same idea of dental caries. Bell, in 1825, proposed the term "Dental Gangrene." All of them

stated that the disease started within the dentin and penetrated the enamel later. In 1835 Robertson differed from the pioneers as to the origin of dental caries, and declared that it started from the surface of the tooth and worked toward the pulp.

Tomes, in 1860, Miles, Underwood, Koch, and Miller in the eighties, were able to find the microorganisms in the dentinal tubules and determine the character of each in the production of acid fermentation, which in time dissolves the calcium salts of the tooth tissues, each building upon the discovery of his predecessor, until finally the exact method of the fermentation of the acids, which was sought by the old German writers in 1530, and by Robertson in 1835, was brought out by Miller in the eighties; and the exact knowledge of the steps in caries of dentin now stands as a safe guide to all true practitioners of today.

But a little attention has been given to the congenital. We note that the temporary and permanent teeth are affected greatly by this cause. There are white spots on the enamel of the incisors and cuspids, also a failure of the enamel to cover the dentin in many cases. We find pits and fissures on the cuspids, bicuspid, and molars, and often the tooth has a cavity in it just as it emerges through the gums.

The question comes to us as professional men, why these conditions exist and what can be done to remedy them. So far no panacea for dental caries has been found. Robertson and others found the part of the tooth that was first affected by dental

caries; Miller found the germ of dental caries and proved its action on the enamel, but was still at sea as to the treatment.

In the nineties came our pioneer dentist, G. V. Black, who proclaimed extension for prevention as a preventive of dental caries. Early in life when the formation of the bones and enamel are going on, nature often has not the material to produce a perfect enamel because the mother did not eat the proper food to give this material to nature. Remember when the bones have not the proper food before birth, by giving to the child the proper food after birth the bones will grow and become strong, but this is not true with the enamel. The formation begins in the sixteenth week of the embryo, and at birth the enamel of the temporary teeth, also the permanent set of teeth, is almost completed, so much so that there is no way to remedy the defect caused by the lack of proper food given the mother before the birth of the child. The child must suffer the results.

It is the duty of the mother and father to have a family dentist to consult, as well as a family physician. Then let the family physician call the family dentist in consultation and they decide upon the proper food for the formation of the bone and enamel for the mother before the birth of the child, which should reach back to the 12th week of the embryo. When this is done we will have less dental caries.

T. B. Coleman, D. D. S.

THE TRI-STATE DENTAL ASSOCIATION OF MARYLAND, DISTRICT OF COLUMBIA, AND VIRGINIA

"All roads lead to Buckroe," is the slogan of the dental fraternity of Maryland, the District of Columbia,

and Virginia. July the eighteenth will witness the assembly of the Old Dominion State Dental Association, and Saturday, the nineteenth, the Tri-State Association will be formally and officially enrolled among the federations enlisted in the cause of the new, the progressive era of dental surgery and oral hygiene.

Virginia Board of Dental Examiners.—Regular annual meeting was held in June. Eleven of the applicants were colored. It is stated that there will be another meeting of the Board this year to give all qualified applicants the opportunity of registering before the advent of the new year, which will mark the observance of Virginia's revised Law Governing the Practice of Dentistry in this State.

Nuptials

Smith-Holt. Dr. Edward W. Smith, of Winston-Salem, N. C., and Miss Wilhelmina Holt, of Greensboro, N. C., at Greensboro, June 11, 1913.

Sykes-Gibson. Dr. George J. Sykes, of Wilmington, Del., and Miss Emma Belle Gibson, of Round Hill, Va., at Round Hill, August 10, 1912.

Legislation.—Arizona State Dental Law. For full text see *Dental Cosmos*, June, pp. 657-9.

New Books.—*Exodontia: Extraction of Teeth.* Geo. B. Winter, D. D. S. Publisher: American Medical Book Co., St. Louis, Mo.

Patents.—See *Dental Cosmos*: June, p. 672; July, p. 764.

Reports.—Please send reports of dental society meetings, or dental proceedings of general societies, to the dental editor, 604 N. 29th Street, Richmond, Va.

Queries and Answers.—The dental section of the *Journal* will publish queries and answers exchanged be-

tween members of the profession. Make this column interesting! Mail to dental editor.

Wanted.—Reports on Dental Anesthesia and Analgesia, De Trey's Synthetic Porcelain, Silicate Cements, Pyorrhea, Oral Hygiene Movement, Schools, etc.; "good stuff" along any line of interest to dentists.

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CURRENT CLIPPINGS

More School Inspection.—Defective roots in teeth, 805; cavities, 352; abscesses, 43; perfect mouths, 39 out of the 765; bad mouths, 726; green stain, 20; perfect teeth, 1, and that was a colored child. He had a perfect set of teeth. Some time after this, some dentist examined 843 children in the Rankin School. He found 418 good mouths, 435 bad mouths, 154 who used the brush, 634 who did not use the brush. Those who had a dentist, 39; those who did not have a dentist, 739. Arrangement of teeth—good, 115; bad, 592. Filled teeth, 1,129; extracted teeth, 64. Now that is the data from two schools, one in Pittsburg, and one just outside the city.—*Oral Hygiene.*

Physician and Dentist.—I would not attempt to read a paper before this distinguished body if I did not believe that with a better understanding, we, as members of the two professions, could treat some of the diseases of the human body to better advantage.—Dr. N. G. Slaughter in An Address to Physicians.—*Oral Hygiene.*

The Danger Period.—"The most trying period of a business or professional man," said Dr. Sperry, "is between 45 and 55." Dr. Sperry advises all men who are under the shadow of a breakdown . . . to let up on eating and worrying; that they get out into the sunshine of the open doors and into life that will make them smile and sing.—*Oral Hygiene.*

Prophylaxis.—This review shows how the custom of some still savage or half-civilized nations leads on to think that they all take the greatest care of their teeth, and that the cleanliness of the mouth and teeth appears instinctive among these primitive races. It might be added that it is disquieting, that it is not always so among civilized people.—*Dental Cosmos.*

Disinfection by Iodin Before Extracting.—In order to prevent infectious matter from being carried by the forceps from the neck of the tooth into the alveolus, thus frequently setting up post-operative infection, the neck and surface of the tooth and root to be extracted should be carefully cleansed with a cotton wad dipped in iodine. This method . . . is very simple and efficient.—*Dental Cosmos.*

Bromural in Dentistry.—A potent and harmless sedative, such as Bromural-Knoll, is excellent for nervous and frightened children who resist all attempts at dental treatment. This preparation exerts a selective action upon the cerebrum without giving rise to disagreeable after-effects.

After doses of 0.3g, or one tablet, the children appear quiet after about twenty minutes. Their resisting powers are gone, they seem apathetic and allow themselves to be treated quite readily. Several cavities could be filled in succession without trouble, and injections and extractions could be easily done. If larger operations were necessary, such as chiseling or manipulations on the mucous membranes, 0.6g, or two tablets, were given to children over ten years old. After twenty minutes the injection could be made and ten minutes later, the operation was successfully performed.—Dr. Ulkan, Berlin, Ger.—*Dental Digest.*

OF INTEREST TO PHARMACISTS

E. G. HOUSTON, Phar. D.
TUSKEGEE INSTITUTE, ALABAMA

Dear Pharmacists: You know, of course, of the coming meeting of the National Medical Association, which will be held at Nashville, Tenn., August 26, 27, 28, 1913; and you are also aware of the fact that the Association is striving hard to have all three sections, viz.: the Medical, Pharmaceutical, and Dental to be well represented.

We pharmacists, of course, are especially interested in having there a large delegation, composed of those who belong to our profession, and we are just "beating the woods" in the effort to find and line-up every pharmacist who can be induced, by any means, to go to Nashville.

Now, we cannot afford to have as small a representation this year as we had at the last meeting at Tuskegee. Those who stay away lose the benefit of the splendid papers and discussions and also the inspiration which grows out of the social contact we have with those who so nobly work to improve and uplift the standard of the profession,—the social contact and pleasures, the renewal of old friendship and the making of new friends, the enthusiasm and stimulus that comes to each from leaving of each other's work, the

visiting of the various departments of Meharry Medical College and the work demonstrated in the several clinics, viz, Medical, Surgical, Pharmaceutical and Dental, are all worth many times the cost of the trip.

Furthermore, our pride in maintaining the prestige and esprit de corps of our section of the organization on a par with the other sections, should certainly compel us to make every reasonable effort and sacrifice to attend this meeting.

Those who are not members can obtain membership by filing application with the undersigned. If you are not a member, send with your application a money order for \$3.50, which sum secures you a membership for one (1) year, and also one (1) year's subscription to the Journal—N. M. A.

Now, my dear friend, can we depend upon you to be present? We need your presence and your inspiring helpfulness, and we feel sure you will not fail us this time, though you may not have attended the last meeting.

Yours very truly,

H. B. S. Marble, Ph. G.
National Pharmaceutical Secretary.

The Georgia Medical Association, during its recent meeting, accepted an invitation to visit the John A. Andrew Memorial Hospital at Tuskegee Institute, and adjourned their meeting for one day for this purpose, leaving Columbus in a party of seventy on the morning of the 22nd of May, and spent the entire day at the hospital and on the school grounds, where they

were entertained in various ways, as Tuskegee knows well how to do. The party left late in the afternoon of the same day, expressing themselves as being highly pleased with the trip and well repaid for the same. The officials of the Institute and hospital greatly appreciated this action on the part of the Association.

OF INTEREST TO NURSES

ELVIRA F. BECKETT, R. N.
PHILADELPHIA, PENNSYLVANIA

"In unity there is strength." This is an old saying, but nevertheless true. And by "union" in this instance, I mean the nurses' union, The National Association of Colored Graduate Nurses. Again we invite you to join it and become a source of power in the communities which you represent.

We hear of discussions far and wide on the lack of recognition accorded the graduate nurse, and it is the object of the Association, through well directed efforts, to enable the public more fully to appreciate the nurse of today. We believe registration to a great extent will accomplish this, but there are problems which the colored nurse has to confront that are probably not encountered by others; and it is for this reason, if not for any other, that we should join hands and meet periodically for the discussion of these problems and the exchange of ideas that will prepare us to overcome the same.

The convention this year, as we have heretofore published, meets in Philadelphia, Pa. We will have this time a better opportunity for accomplishing our desire than ever before in the history of its existence. This is due to the fact that the Emancipation Celebration of Pennsylvania will be in progress. It is through the invitation of the Commission that the convention will meet here. Conces-

sions have also been made by them for the accommodation of nurses attending. Prices will be reasonable to all.

The Convention will meet in the Exhibition Building at Broad and Oregon Streets, September 3rd, 4th, and 5th. City nurses are planning exhibits and elaborate preparations are being made for the entertainment of visiting nurses.

On the first night (Wednesday), a reception will be tendered the nurses by the Mercy Hospital Management in the Exhibition Hall.

Thursday from 4 to 7 p. m., a reception by the Frederick Douglass Hospital Management at the Hospital. Miss E. M. Browne, Supt. of Nurses. Friday evening the Philadelphia Graduate Nurses' Association will tender a reception and dance in Exhibition Hall. All exhibits from nurses in any State will be welcome. Send the same to Prof. R. R. Wright, Headquarters for Emancipation Commission, 1336 Lombard St., Philadelphia.

All nurses will be met at Broad St. Station or the Reading Terminal by persons wearing blue and gray badges, the National Association colors.

Information as to accommodations may be obtained from Chairman of Housing Committee, (Miss) E. F. Beckett, Fred Douglass Hospital, Lombard & 16th Sts., Philadelphia, Pa.

At the meeting of the Georgia State Medical Association in Columbus, sixteen members of the Association either subscribed or renewed

their subscriptions. \$16.00 were handed over by the Secretary to the Managing Editor, who was present, and made an appeal for the Journal.

SOCIETY AND PERSONAL

The Volunteer State Medical and Surgical Association. Dr. A. N. Kitrell, the President, in the chair.

Nearly fifty physicians, dentists and pharmacists from over the State of Tennessee came together at Columbia for the purpose of holding the annual meeting of the Volunteer State Medical and Surgical Association, June 17, 18, 1913.

The meeting was called together by Dr. A. N. Kitrell at 11 a. m. After devotional exercises were held, the president stated that since our last meeting, a brother, in the person of Dr. R. F. Boyd, had fallen asleep; and that we might well pause to do honor to so great a man. The program rendered was short and impressive.

Dr. L. S. Caruthers, of Nashville, sang "Asleep in Jesus," as a solo. Drs. Roman, Lester, Townsend, and others spoke of the life and work of Dr. Boyd.

A striking feature of the meeting was the masterly address by the president. His message was received enthusiastically.

Of the papers read at the meeting, Dr. M. V. Boutte, "For What Should a Local Medical Association Stand?" created the greatest interest. The Doctor set forth the urgent need for co-operation between the physician and pharmacist.

The Medical Society of Negro Physicians, Pharmacists, and Dentists, held their fifteenth annual session, May 14th and 15th, 1913 in the city of Louisville, Kentucky. It was the largest session in its history, there

being sixty-two (62) doctors in actual attendance.

We were organized in 1899. Our present membership is one hundred. Very instructive addresses were delivered by Dr. Daniel Williams, of Chicago, Illinois, and Dr. G. W. Hubbard, Dean of Meharry Medical College. Drs. Daniel H. Williams and J. E. Hunter held an interesting clinic at the Red Cross Sanitarium. The Society is doing much good among our physicians and the annual attendance is being increased yearly.

Our next meeting will be held in Owensboro, Kentucky, May, 1914.

The following officers were elected:

President, Dr. H. C. Tinsley, of Georgetown.

Vice-President, Dr. J. W. McBane, of Paris.

Secretary, Dr. B. S. Jones, of Danville.

Treasurer, Dr. H. B. Beck, of Louisville.

Dr. Robert Burt, of Clarksville, read an interesting paper on "Minor Surgery," which precipitated quite a discussion in which Drs. Townsend, Bandy and Roman participated.

Interesting papers were read by Drs. Davis and Hunter of Columbia.

The public meeting held at St. Paul A. M. E. Church was largely attended, both by members of the profession and the laity.

On Wednesday morning, Dr. J. A. McMillan, of Nashville delivered an oration on surgery. Miss Minnie Woodard spoke of her work among the tubercular poor of the city of Nashville.

Dr. G. W. Hubbard, Dean of Meharry Medical College, was introduced to the Association by Dr. C. V. Roman. Dr. Hubbard spoke at length of his work at Meharry, and of the success of the graduates of that institution.

A committee appointed to examine a reported case of pellagra, reported syphilis. The committee consisted of Dr. A. M. Townsend and Dr. S. S. Caruthers, professor of skin and venereal diseases at Meharry Medical College.

After the report of the committee, Dr. Bandy was unanimously elected president for the coming year.

The meeting adjourned to meet at Dickson, Tennessee, June, 1914.

Married: Dr. Eugene Charles Thornhill to Miss Eloise Agatha Marshall, Monday evening, July 14, 1913.

N. E. MEDICAL ASSOCIATION Banquet at Young's—Drs. Lucas and Kenney Guests

The annual banquet of the New England Medical, Dental and Pharmaceutical Association held at Young's Hotel on Monday evening, June 16th, was a most brilliant affair from every point of view. The association had as its guests, Dr. W. P. Lucas, professor of Pediatrics at the Harvard Medical School, and Dr. John A. Kenney, of the Tuskegee Hospital, president of the National Medical Association.

Dr. Lucas gave a very interesting address on "Infant feeding and the education of mothers as to their responsibility to the child." Dr. Kenney brought the greetings of the National Medical Association, and urged the members to keep up the campaign of education of the people as to their responsibilities in disease. He told of the numbers who die annually as a result of indulgence in patent medicines and druggists' nostrums. He spoke for unity and harmony in the

association, and hoped for renewed life in the work of the body for the ensuing year.

On motion of Dr. John A. Braithwaite, of Cambridge, Dr. Kenney was accorded a rising vote of thanks for his presence and encouraging speech. Other speakers included Dr. H. G. McKerrow of Worcester, who told of his experiments for the cure of tuberculosis, and Drs. Osborne and Nelson, of New Bedford, Dr. Patrick, of Boston, and Dr. Eugene Wright, who represented the dentists. The following officers were unanimously elected for the ensuing year:

President, Theo. E. A. McCurdy, M. D.; Vice-Presidents, W. O. Taylor, M. D., and Dr. A. D. Nelson, of New Bedford; Financial Secretary, Dr. Eugene Wright, of Boston; Corresponding Secretary, J. A. Braithwaite, M. D., of Cambridge; Treasurer, Dr. S. E. Courtney, of Boston; Chaplain, M. A. N. Shaw, M. D., of Boston; Sergeant-at-arms, Wm. Worthy, M. D., of Boston; State Vice-President, John B. Hall, M. D., of Boston; Councillors: C. N. Garland, M. D., C. W. Harrison, M. D., Dr. A. C. Dunning, W. W. Nelson, M. D., J. W. Hill, M. D.—Boston Reliance.

The Rock City Academy of Medicine and Surgery of Nashville, Tenn., held its last public meeting for the season 1912-1913 at Emanuel Baptist Church of that city, where the following program was carried out to the delight of a large audience.

The last two speakers on the program were especially instructive and pleased the audience.

Program

Music Choir
Prayer....Rev. Robert Black, Pastor
Music Choir
Opening Remarks, J. H. Hale, M. D., President.
Address—House Flies as Carriers of Disease (8 min.) J. D. Fowler, M. D.

General Discussion (2 min. each)
 Music Choir
 Address—We Do Not Die Because
 Our Time Has Come (8 min.) W. W.
 Sumlin, M. D.

General Discussion (2 min. each)
 Music Choir
 Address—The Teeth a Factor in Dis-
 ease (8 min.) H. C. Miller, D. D. S.
 Music Choir
 Address—Stagnant and Contaminated
 Water, a Factor in Disease (8 min.)
 G. L. Jackson, M. D.

Discussion (2 min. each)
 Music Choir
 Address—Patent Medicines (8 min.)
 Wm. Sevier, M. D., Ph. D.
 Discussion (2 min. each)

Catch the Ubiquitous Fecund Iniqui-
 tous Musca Domesticus.

The physicians in the southwestern part of Louisiana on the 20th of February, met and organized the Southwestern Parish Medical Council. The meetings are held in the different towns where there are physicians who are members, and subjects of interest to the people in general are discussed in public. The following are some of the subjects that have been discussed:

“Evils of Patent Medicine.”

“Hygienic and Sanitary Practices for Every-day Life.”

“Thoughts on Consumption.”

“Medical Laws of the State.”

This organization has decided to start a sanitarium with a cash bonus on hand of \$250.00, and each member pledged to raise a certain amount by August.

The Palmetto Medical Association held its annual meeting in Charleston, the “city by the sea,” April 23, 24. The meeting was one of the best, if not the very best, in the history of the

organization. The attendance was good, more than forty being present. The papers were good, and freely discussed. The graduate nurses of the hospital and training school served lunch to the members of the association on Thursday, April 24th, which was enjoyed by all present.

The Journal was represented in a substantial way, every one present subscribing.

The time spent in Charleston passed quickly, it seemed, and every one was loud in praise of the good people of the “city by the sea.”

The next meeting will be in the city of Florence.

Dr. C. W. Maxwell, of Sumter, was elected President, and Dr. I. A. Macon, of Rockhill, was re-elected Secretary.

The Georgia State Medical Association of Colored Physicians, Dentists, and Pharmacists met in Columbus, May 20, 21, 22, 1913, and they accepted the invitation to visit the John A. Andrew Memorial Hospital, Tuskegee Institute, Ala., on May 22, 1913, and spent the entire day at the Tuskegee Institute.

The Alabama Medical, Dental, and Pharmaceutical Association met in Birmingham, May 7, 8, 9. A program was arranged, and an excellent meeting took place.

The Palmetto Medical Association met in Charleston, S. C., April 23rd and 24th, 1913. They had the largest and best attended meeting in the history of the Association.

R. Quay Campfield, Phar. D., Howard, '10, passed the Alabama Board of Pharmacy at the last meeting.

Dr. Dennis A. Bethea, of Terre Haute, Indiana, is taking a three

months Post Graduate Course at the Harvard Graduate School of Medicine. While in Boston, he is making his home with Dr. John B. Hall, 60 Windsor Street.

THE ARKANSAS MEDICAL ASSOCIATION

The 20th annual session of the Arkansas Medical Association met in Hot Springs, May 27 to 29, inclusive. The meeting, by far, was one of the most successful in the history of the organization. It was both enjoyable and profitable. The good people of Hot Springs understand full well how to entertain visitors and strangers. To the doctors a most cordial welcome was extended, and the courtesies will never be forgotten. By Drs. Wade, Curtis, Bryant, Torrence, Phipps, and Pullem, not a stone was left unturned to make our sojourn pleasant. In their efforts they were ably assisted by Mesdames Stone, Eaton and others. Few cities, if any, surpass or equal Hot Springs in entertaining honored guests.

Our meeting was specially honored with the presence of Dr. G. W. Hubbard, Dean of Meharry Medical College. His coming was the occasion for much rejoicing on the part of all. Dr. Hubbard may truly be styled the father of most Negro physicians. He is esteemed and loved not only by the Meharry graduates, but physicians of other schools. While in our midst he spoke to us on "The Mission of the Negro Physician." His address was well received. He spoke of the recent advantages offered by Meharry and accepted contributions from many pledged a year ago and longer.

Among the schools represented by physicians who most cordially received him were: Howard, Leonard, Northwestern, West Tennessee, and Harvard.

Of the Arkansas Medical Associa-

tion it may truly be said that it is composed of a body of ethical physicians, with honorable standing in the communities from which they hail. Dr. Hubbard's annual presence with us is very much desired. A number of papers on various medical topics were read and freely discussed. "Pellagra" was presented by Dr. J. T. Clowers, of Wynne, Arkansas; another, by Dr. J. J. Pellem, Hot Springs on "Malaria." Dr. S. W. Harrison, of Fort Smith, read a most interesting paper on "Neritis." Dr. C. M. Wade, of Hot Springs, was heard on "Professional Ethics." Dr. H. H. Stilson represented the Dental Department of Forrest City. His subject was "Saliva and Mastication—Its Importance." Dr. H. W. Douglass, of the Dental Department, discussed "The Causes of Diseases of the Mouth." Dr. H. H. Phipps, of Hot Springs, presented as his theme "Chronic Gonorrhea." This was followed with a paper by Dr. A. A. Marquess, "Treatment of the Teeth." It was freely discussed. Among the valuable addresses made at this meeting, the President's must be included. In his annual remarks he called attention to the needs and lacks of hospitals in which colored physicians might operate. Said he, "We have no ancestry to boast of, nor heritage, as some races; our lot is that of pioneers who must make the history for future generations."

Diseases

The Hookworm and Pellagra are being scientifically studied and treated; typhoid fever has its prophylaxis. The antitoxine tuberculosis treatment, as offered by Dr. Freidmann, is not yet adopted by the U. S. Medical Board. He asked that we keep our present treatments until something better is given. We must continue to be progressive.

The various committees on Tuber-

culosis, Hookworm and Pellagra were then appointed to report at the next annual meeting. This was followed with the election of delegates to the Nashville meeting. On account of a great many pledging to attend this meeting of the National Association, the President was instructed to issue delegates' certificates to all the members desiring to be present. At this juncture one of the most interesting bit of news given out was that Dr. G. W. Hayman, of Little Rock, had, at the expense of about \$6,000.00, perfected plans for opening up an infirmary in the city of Little Rock, which would be modern and well equipped. This worthy enterprise met with the hearty approbation and approval of the entire medical profession. The Association regards his location of same ideal, being on one of the public thoroughfares, accessible to two street railway lines near the Arkansas Baptist College, 17th and High Streets, in the midst of some of the aristocratic neighbors of both races. Dr. Hayman was most highly commended for his efforts in launching such an enterprise.

In lieu of this institution being thus located, the Association unanimously voted to hold their next meeting at Little Rock where hospital advantages will be offered for doing major and minor surgery. It is now planned to conduct at our next annual meeting daily clinics. This will increase the attendance and prove beneficial both to the physicians and public.

The good work being accomplished by the National Medical Association was emphasized by Dr. Hayman and Dr. Hubbard, also the Journal of the National Medical Association. A number of subscribers, we are quite certain, were secured by Dr. Hayman.

Officers Elected

President, Dr. J. G. Thornton, Little Rock; Vice-President, 1st, Dr. J. T. Clowers, Wynne; 2nd Vice, Dr. C. M. Wade, Hot Springs; 3rd Vice, Dr. S. W. Harrison, Ft. Smith; Secretary, Dr. A. A. Womack, Little Rock; Assistant Secretary, Dr. H. H. Stilson, Forrest City; Corresponding Secretary, Dr. H. H. Phipps, Hot Springs; Treasurer, Dr. R. J. Meadoughs, Little Rock, Ark.

MEDICAL NOTES

The ninth annual session of the Louisiana Medical, Dental, and Pharmaceutical Association convenes in Shreveport, La., on September 8, 9, and 10, 1913. We are very anxious to have a good meeting and feel that your presence is essential to this end. So much has been going on in the medical field that touches our daily routine. Come and help us with your experience.

The local Association of Shreveport plans a great time for all who will attend. Aside from the business side of the meeting there will be social features as well which will give all a chance to see what can be done when business gives way to gaiety and pleasure, both of which are essential to good health and long life.

If you are thinking of reading a paper or discussing some medical subject, write the Secretary, Dr. T. L. Welch, at New Iberia, La., as soon as possible. Give title of paper or discussion.

J. D. Nelson, M. D., President.

T. L. Welch, M. D., Secretary.

ITEMS OF INTEREST

Argument Against Segregation

The Vice Commission of Portland, Oregon, concluded its report with this very definite statement against Segregation:

"Concerning Segregation this Commission desires to record its emphatic opposition to such a plan. Briefly, the reasons advanced in support of this attitude are:

1. Segregation does not segregate.
2. It deals with only a small percentage of the sexually immoral.
3. It promotes and justifies professional prostitution.
4. It does not reduce clandestine immorality.
5. It helps to establish a double standard of morality by stigmatizing the woman and ignoring the moral responsibility of the man.
6. It rests on the falsest presumption that sexual immorality is necessary.
7. It fosters the debauchery of the sex instinct.
8. It promotes the spread of venereal diseases.
9. It affords official absolution for illegal and immoral conduct.
10. In so far as it is official sanction of commercial prostitution, it is the concomitant of white slavery.
11. It is illegal.

It is the judgment of the Commission that such recommendations as to proposed municipal and state legislation, together with conclusions based on facts, cited in the body of this report as a whole, form the logical means for the present city government to proceed against the Social

Evil. This contemplates, as a matter of course, the earnest and intelligent enforcement of the law. This conclusion is drawn with full appreciation of the fact that the burden of solution rests on society as a whole. It cannot devolve wholly upon officials and courts.

DOCTORS' PUBLIC MEETING

The public meeting of the Negro West Virginia Medical Society held last night at the First Baptist Church on Washington Street, was remarkable in the large attendance, and the high quality of the various numbers on the program. A very select crowd of Charleston's Negro citizens filled the church at an early hour and when the master of ceremonies, Dr. H. F. Gamble, called the meeting to order standing room only was at a premium.

In lieu of Governor Hatfield, who was prevented on account of illness from addressing the medicos, ex-Governor W. A. MacCorkle was the able and willing substitute. The Governor said, in part, that the country's greatest problem could only be solved by the Negro himself. He declared that it is only by the spirit that actuates such bodies as this—education, efficiency, culture, decency—could the race be made self-sustaining, dignified and worthy of the serious consideration of the world.

Other wholesome facts edifying and impressive were recounted by the Governor.

Governor MacCorkle was fittingly introduced by the master of ceremonies, Dr. H. F. Gamble.

Rev. C. S. Sheen, D. D., of St. Paul's A. M. E. Church, welcomed the doctors on behalf of the citizens. To those who have listened to the discoveries of this eloquent and erudite graduate of Oxford University, no further comment is called for. Dr. Youngue, of Welch, on behalf of the visiting doctors, responded to the various words of welcome in a brief but happy strain that showed the doctor as skillful in the use of pleasing phrases as he is reputed to be in administering drugs.

Dr. M. V. Godbey, of the city, also spoke meritoriously of the mental efficiency of the Negro medical graduates who came before the State Board of Examiners.

Favorable comment was accorded the musical numbers of the program but especial recognition was tendered the vocal solo of Miss Ophelia Washington, a recent graduate of the Musical Department of the West Virginia Institute. Miss Washington's voice, a soprano of natural sweetness and wide range and flexibility, gives promise of flattering possibilities.

Earlier in the evening the local Woman's Improvement Club entertained the doctors and the out-of-town guests.

After the completion of the program, the medicos and invited guests spent the rest of the evening at the K. of P. Hall. Music was furnished by Terry's saxophone orchestra.

The society spent the morning at the Charleston General Hospital, where a surgical clinic is in progress to be concluded by a thesis, discussed by Dr. Moore, of the hospital force and a luncheon. The election of officers will conclude the session this afternoon at 2 o'clock.—Evening Mail (daily, white) June 5, 1913.

EMANCIPATION EXPOSITION

The Emancipation Proclamation Exposition to be held in Philadelphia, Pennsylvania, during the month of September, 1913, promises some very attractive features, among them being a Medical, Dental and Pharmaceutical Congress, on the 8th, 9th, and 10th.

Quite a variety of pathological specimens will be exhibited and surgical operations will be performed at the two colored hospitals, by local and visiting surgeons, also instructive papers will be read by Drs. John A. Kenney, of Tuskegee, President of the National Medical Association, W. G. Alexander, Secretary of the National Medical Association, and C. V. Roman, Editor of the Association's invaluable organ.

Among the outside beacons will be, Drs. Daniel H. Williams, of Chicago, Illinois, William Carr, of Baltimore, Maryland, John Mitchell, of Howard University, L. E. McCauley, of Raleigh, North Carolina, and S. C. Fuller, Westborough, Massachusetts.

The Emancipation Commission extends a cordial invitation to every Medical, Dental and Pharmaceutical practitioner in the country to attend one or all of the three days' Medical, Dental and Pharmaceutical sessions.

Information regarding special railroad rates, for the sessions, may be obtained from your local station agent.

All further information may be obtained from R. W. Bailey, M. D., Chairman of Medical Committee and W. M. Slowe, D. D. S., Chairman of Dental Committee, joint addresses, 1352 Lombard Street, Philadelphia, Pennsylvania.

CONGRESS ON SCHOOL HYGIENE

The Fourth International Congress on School Hygiene, and the first to be held in America, at Buffalo, August 25th-30th, according to an an-

nouncement of the executive committee, will be by far the most elaborate effort yet made in this country toward getting the problem of school hygiene before the world. The first International Congress was held at Nuremburg in 1904, the second at London in 1907, the third at Paris in 1910.

The objects of the Buffalo Congress are:

- (1) To bring together men and women interested in the health of school children.
- (2) To organize a program of papers and discussions covering the field of school hygiene.
- (3) To assemble a school exhibit representing the best that is being done in school hygiene.
- (4) To secure a commercial exhibit of practical and educational value to school people.
- (5) To publish the proceedings of this Congress and distribute them to each member.

In addition there is a plan on foot to effect a permanent organization for the purpose of carrying out school hygiene reforms in all the individual communities in this country, if not all over the world.

One of the interesting features of the Congress will be the presence of delegates representing the community interested in school hygiene, including those appointed by mayors and governors, by women's clubs, by school boards, boards of health, by mothers' congresses and charity organizations, societies and boards of trade. Their help is being solicited with a view of organizing the community in a campaign of school hygiene reform.

The program committee announces a program of two hundred fifty papers and fifteen symposiums, taking up hygiene from the following points of view:

I. The hygiene of school buildings, grounds, material and up-keep.

II. The hygiene of school administration and schedule.

III. The medical, hygienic and sanitary supervision in schools.

The contributors to the program make up a notable list of speakers, college presidents and professors; state, city and county commissioners of education; teachers and superintendents of public schools, medical college professors; state, county and city health officers; physicians in private practice, engineers and architects.

Special discussions are being arranged on the following subjects:

SCHOOL FEEDING: arranged by the Committee on School Feeding of the American Home Economics Society.

ORAL HYGIENE: arranged by National Mouth Hygiene Association.

SEX HYGIENE: arranged by the American Federation of Sex Hygiene.

CONSERVATION OF VISION IN SCHOOL CHILDREN: arranged by the Society for the Prevention of Blindness.

HEALTH SUPERVISION OF UNIVERSITY STUDENTS: arranged by Dr. Mazyck P. Ravenal, University of Wisconsin.

SCHOOL ILLUMINATION: arranged by the Society of Illuminating Engineers.

RELATION BETWEEN PHYSICAL EDUCATION AND SCHOOL HYGIENE: arranged by the American Physical Education Association.

TUBERCULOSIS AMONG SCHOOL CHILDREN: arranged by the Society for the Prevention of Tuberculosis.

PHYSICAL EDUCATION AND COLLEGE HYGIENE: arranged

by the Society of Directors of Physical Education in Colleges.

THE BINET-SIMON TEST: arranged by Professor Terman, Stanford University.

THE MENTALLY DEFECTIVE CHILD: arranged by Dr. Henry H. Goddard, Vineland, N. J.

Various citizens committees of Buffalo are arranging an elaborate entertainment for the benefit of visiting delegates. There will be receptions and a grand ball, a pageant of school children, and excursion trips to the great industrial plants of Buffalo, and to the scenic wonders of Niagara Falls. The Boy Scouts will act as official guides.

Delegates will attend from every college and university of note in this country, from other leading educational and hygienic institutions and organizations, and from every country in which an active interest is being shown in the welfare of school children, which includes all the leading nations of the world.

The Congress is open to all persons interested in school hygiene upon the payment of a fee of five dollars. Application of membership should be sent to Dr. Thomas A. Storey, College of the City of New York, New York City.

President Wilson has accepted the honorary office of patron of the Congress. The president of the Congress is Mr. Charles W. Eliot, of Harvard University. The vice-presidents are Dr. William H. Welch, of Johns Hopkins University, and Dr. Henry P. Walcott, president of the recent International Congress on School Hygiene and Demography, and chairman of the Massachusetts State Board of Health.

Mrs. M. H. Bright, head nurse of the Good Samaritan Hospital, Columbia, S. C., reports the following case:

Pneumonia convalescing. On the ninth day patient went to pieces, unconscious, speechless and motionless; general comatose condition, in which he continued for twenty-five days, after which recovery. Many tests of blood and spinal serum were made. All futile. Many consultations. Physicians at sea. No diagnosis. What was the trouble? Comments are requested.

At the meeting of the Palmetto Medical Association in Charleston, S. C., every man present subscribed or renewed his subscription to the Journal of the National Medical Association. The Treasurer forwarded a check for \$43.00.

Clarksville, Tenn., June 21, 1913.
Dr. C. V. Roman,
Nashville, Tennessee,
Dear Doctor:

In answer to your question, "Define minutely and accurately minor surgery" I wish to say that I regard minor surgery almost indefinable, from the simple fact that what would be regarded as minor surgery to one physician, or patient, for that matter, would be major to another, but the generally accepted definition is as follows, Minor surgery is that branch of surgery which is concerned with the less formidable operations, such as bandaging and the application of splints and dressing.

But in my mind the following is a definition which covers the ground as well, if not better, though I have not read any author who covers it in these words: Minor surgery may be defined as that class of surgery which may be performed at the physician's office, under ordinary circumstances without a general anesthetic.

Yours truly,
ROBERT T. BURT, M. D.

The Journal acknowledges with thanks the receipt of the following recent donations, and wishes to assure the donors that this was much needed and went a long way toward helping the Journal out of a difficult place financially. The Journal mentions these names with appreciation to the donors, and hopes that others may see fit to do likewise, as it yet stands sorely in need of funds to meet its current expenses.

Dr. E. T. Belsaw.....	\$5.00
“ F. S. Hargrove.....	5.00
“ Geo. E. Cannon.....	5.00
“ R. C. Brown.....	5.00
“ A. M. Brown.....	14.00
“ M. F. Wheatland.....	8.00

A HANDFUL OF EDITORIALS

There is perhaps nothing which reflects the real sentiment of the public so accurately as the editorial columns of the daily newspaper. The advertising pages may be and often are influenced by financial consideration. In very few cases can the editorial utterance of a newspaper be bought. The views expressed stand for the personal opinion of the editor, expressed in a manner which will in his judgment meet the approval and support of a majority of the readers. From the editorial pages of any large number of newspapers, therefore, one can form a pretty accurate idea of the views of the average citizen.

To one who has been watching the campaign for better health legislation, there is no one fact more striking than the marked increase in public interest as shown by the increasing amount of space devoted to the discussion of health matters in the newspapers, and the growing demand for greater governmental activities for prevention of disease. Of the many editorials on health topics, quotations

from only a few of the more striking are possible.

The York (Pa.) Daily, in a lengthy editorial on the Panama Canal and its value as an object-lesson, says:

“Nowhere and never in the world’s history has there been such triumph of men over the forces of Nature. This applies to disease-producing agencies as well as to mechanical conditions. Let the public not forget when they think of the Panama Canal that underlying the surface of this enormous governmental work is the minute and painstaking investigation in the recondite cause of disease, in the little laboratories where men are hidden from public observation and where they concern themselves with the study of disease germs and culture methods and the use of the microscope. And let them not forget also that the heroism displayed by those who have lost their lives in this sort of study is equal to any heroism displayed on the battle-field, or anywhere else. In fact it is superior to it, because it concerns men giving deliberately, from stern conviction of duty toward others, and it is devoid of the glamor and applause which comes to men who are in the public eye. All praise, then, to the men who, like Dr. Walter Reed of the United States Army, and others, have sacrificed themselves in the attainment of knowledge, which is now the property of the world at large.”

The New York Sun has long taken advanced ground on public health questions. Discussing “The Education of Our Physicians,” the Sun says:

“The American Medical Association, which stands for all that is best and highest in every department of the physician’s life work, is an organization the like of which does not exist elsewhere, combining the most scien-

tific zeal in its membership with executive ability of the highest type in its management. We have recently referred to the Council on Pharmacy and Chemistry, which under its direction carries on an unrelenting warfare against quackery within and without the profession. While we are not always in accord with its policy in minor matters, the course of The Journal of the American Medical Association is commendable in the essentials."

After commenting on the work of the Council of Medical Education, the editorial continues:

"Medical legislation should recognize no sect or school and should demand the same knowledge of the principles and practice of medicine from all applicants for license. The examiners should be expert in their branch and be well paid, and not be chosen from the medical schools. When the average legislator can be induced to recognize the importance of health to his constituents the latter will be protected. Medical education is as important as sanitation."

In Pittsburgh, Pa., a systematic campaign against quackery has been going on. The Pittsburgh Sun recently commented on "Quacks and the Public." It said:

"The expose and punishment of quack doctors now going on in this city should not be without a wholesome influence on the public, too. While in cases of desperate sickness it is natural to 'take chances' on anything offered for relief, still in many of the instances in which the people have been defrauded it has been their gullibility rather than their desperation that has led to their being victimized. They have taken the word of strangers in preference to that of the reputable doctors who have lived among them for years. They are also able to find the money to pay the

quacks—the latter have no time to waste on them if they aren't—whereas the genuine physicians have repeatedly worked to relieve suffering and save lives with the full knowledge that they probably would not get a cent for it. The people should think too much of their lives and their health to entrust them to strangers or persons without proved reputations for knowledge, skill and honesty. Read and ponder: Who are performing the great operations and effecting remarkable cures? The quacks? Of course not. Then why waste any time with a quack when you are sick?"

The Sun editorial has summed up the whole question. Who are the men who are making the advances in our knowledge of diseases and its prevention? The "advertising specialist," the "patent medicine" faker, "new thought" devotee? If not, what claim have they on public confidence in time of need?

The South Fork (Pa.) Record is evidently not impressed with the arguments of the reactionaries. It devotes two columns to expressing its views. All of it is good, but only a part can be quoted. Under the title "The Family Doctor and the Medical Trust," the Record says:

"During the last week Johnstown papers have given much space to attacks on the American Medical Association, or, as they are pleased to call it, 'the medical trust,' which have a tendency to mislead the public or at least make them forget for a time, usually a very short time, their good old 'family doctor.' It said that the 'stuff' referred to has been running as paid advertising but it has not been marked as such and therefore one cannot be blamed for holding the opinion that it is printed as news or opinions of various editors. Why

they take such a stand is another matter. The charges contained in these articles are too absurd to repeat except that they intimate that all doctors affiliated with the American Medical Association are banded together to hoodwink suffering humanity. If such were the case this country would be in a sad state of affairs."

It would indeed; but how passing strange that the dark and subtle method followed by the "medical trust" and its members to "hoodwink suffering humanity" is to encourage the growth of knowledge by which disease can be prevented and eliminated!

The Record is frank in acknowledging its point of view on "ethics." It continues:

"The charges deal also with 'ethics' and in this connection we readily admit that we often get out of patience with the so-called 'code;' but that is because we are a seller of advertising which the ethics forbid the physicians to buy. In South Fork, however, the editorial policy is not controlled by the business office and whether it bankrupts us or not we feel it a duty to say a word in defense of that great man who sacrifices more money, more pleasure and more energy for mankind than any other—the family doctor."

After discussing the family doctor, the development of medical knowledge and the growth of specialists and special knowledge, the Record concludes:

"The American Medical Association is responsible for laws that make it hard for the incompetent to hang out their shingles. It is responsible for such laws as have been passed compelling the manufacture of pure food. It is responsible for the laws that prohibit the sale of medicines

containing opium, alcohol or other harmful drugs without the contents being plainly stated on the label. It is responsible for many reforms along this line that have proved a boon to humanity, and that is why it is called the medical trust."—Journal A. M. A.

PANAMA-PACIFIC EXPOSITION

Journal of the National Medical Association,

Tuskegee Institute, Ala.

Gentlemen:

At the suggestion of our Director of Exhibits, I beg to hand you herewith copy of a press clipping announcing my appointment as chief of the Department of Liberal Arts for the Panama-Pacific International Exposition.

To stimulate further interest among your readers, who may be prospective exhibitors at this Exposition, we would appreciate the courtesy of an early mention by you of this appointment.

We are also enclosing copy of letter that is being sent by me to the various industries and professions classified under the Department of Liberal Arts, inviting their participation in the Exposition.

Hoping for your valued interest and hearty co-operation, I am,

Yours very truly,

THEODORE HARDEE,
Chief of Liberal Arts.

Medicine and Surgery

The Panama-Pacific International Exposition at San Francisco in 1915 will display in a most comprehensive manner the achievements and activities of mankind during the last decade. Live, working exhibits are especially desirable showing not only actual products, but also models in operation to illustrate the apparatus and methods employed in arriving at

the finished article. In the domain of Liberal Arts the exhibits will be notably interesting and significant.

The wonderful developments in MEDICINE and SURGERY make certain a display of the highest importance and which will be of great benefit to the human family. The mechanical side of surgery will be represented by a complete collection of instruments and appliances used in this important field of human endeavor. There will be shown the most intelligent modern methods employed in the prevention and mitigation of ills which beset mankind.

These exhibits will be housed in the Palace of Liberal Arts. The exhibits must of necessity be SELECTIVE in character because of the comparative limitation of space which, by reason of wider participation and the world's more extended productivity, will be more restricted than at previous International Expositions. This will emphasize the advisability of applying for exhibit space as soon as possible.

We should be pleased to know that you will give serious consideration to the desirability of your participation. In this connection permit me to call your attention to the keen interest manifested by both American exhibitors and Foreign Governments, which assures an Exposition of the most representative International character. Latin America and the Orient will take very prominent parts. Twenty-six foreign countries have already accepted the invitation of the President of the United States to participate, and thirty-five States have also accepted.

The opening of the Panama Canal means the development of entirely new avenues of commerce, the extent of which it is impossible to overestimate. The Orient and Latin America should prove large and profitable

markets for the appliances and equipment of MEDICINE and SURGERY, and the Universal Exposition at San Francisco in 1915 will afford a rare opportunity to bring your products to their particular notice.

Blank applications for space, the exhibits Classification and other information prepared for the guidance of exhibitors, will be forwarded on request.

Yours very truly,

THEODORE HARDEE,
Chief of Liberal Arts.

On page 94, vol. 5-2, Journal of the National Medical Association, the following typographical errors were made:

"Excision of Coccyx.....14"

"Dilatation and Curettment.. 0"

These should have been:

"Excision of Coccyx..... 1"

"Dilatation and Curettment..14"

EDITORS.

SHE SUPPOSED RIGHTLY

She was a little girl, and she would ask questions.

"Mamma," she began, "what does trans-Atlantic mean?"

"Across the ocean," replied her long-suffering mother very shortly.

A long silence, broken only by the irritating sound of a book's leaves being turned rapidly backwards and forwards. Then:

"Mamma, does 'trans' always mean across?"

"Yes, it does; always," answered the little girl's mother, and added sternly: "But if you ask me another question I shall send you straight to bed! So, remember!"

The second silence was complete, and lasted quite three seconds. It was broken at last by a plaintive, small voice which commanded ruminatively:

"Then I suppose transparent means a cross parent."—Exchange

CURRENT MEDICAL THOUGHT

By U. GRANT DAILEY, M. D.

ACUTE DILATATION OF THE STOMACH

Borchgrevink's paper (Surg. Gyn. Obst., June, 1913) by its exhaustiveness almost attains the dignity of a monograph, covering more than thirty pages. Although proposing to take up treatment mainly, the author discusses etiology and symptomatology rather fully, necessarily including also most phases of the underlying pathologic anatomy and physiology. Although most cases occur post operation—the author does not neglect cases occurring under other circumstances, viz.,

A. Those occurring during the course of an acute illness or its convalescence (pneumonia, typhoid, particularly). (The reviewer has encountered, at autopsy, a case of enormous gastrectasis in a patient dying of pneumonia).

B. Dilatation during chronic illness (consumption, diabetes, sciatica). In some of the cases under this group a possibility of overfilling of the stomach acting as an incidental cause is considered.

C. Dilatation by deformity or disorder of the spine.

D. Cases attributed to overloading of the stomach. Under this heading the author includes "only patients with whom no other explanation is found for their illness, or where other conditions such as slight weakness or earlier dyspepsia, are quite insignificant, besides the single overloading." Probably, as suggested above, many

of the cases seen in the cause of other diseases are to be placed here.

But the main point of the paper is the bringing out of the marvelous results following the prone posture in the relief of the condition. In some of the cases where the patients were seemingly moribund, the simple act of turning the patient over on the belly was sufficient, within a very short while, to completely change the picture. Schnitzler is given credit for being the originator of the procedure. It is difficult to give an accurate history of the postural treatment of acute gastric dilatation, but the present reviewer, nearly 10 years ago, heard E. C. Dudley extol the method and he has in a post operative case seen the patient's fate decided favorably by this seemingly heroic, but really simple, performance. The stomach tube is of value, but quite secondary in importance, and as a matter of fact unnecessary when the prone posture is promptly adopted. The author does a service in calling attention to the occasional supervision of acute gastrectasis in pneumonia and typhoid. Since noting the findings in the case of pneumonia above referred to, the reviewer is convinced that this complication is a not excessively rare determinant of the fatal issue in that disease. Without following the author through his exhaustive discussion of the symptomatology, it may be well to note that,

A. The chief symptoms are vomiting, abdominal distention and collapse.

B. Among the secondary symptoms,

but one, when presented, is striking and pathognomonic, is the intense, the intolerable thirst, unrelieved by water, saline enemata, hypodermoclysis, etc.

C. The distention, paradoxically enough, may be great without always being strikingly apparent to inspection. He states: "The outlines of the stomach are, in most cases, quite distinguishable. There are, however, cases noted where an excessively distended stomach had not the slightest influence on the shape of the abdomen." This fact must heighten the importance to be attached to the primary clinical symptoms, and also to the extreme thirst when present.

D. The condition is apt to occur very suddenly in the midst of a sunshiny convalescence.

After considering in extenso the many theories as to etiology, the article closes with a full bibliography.

Aspirin for Cough in Tuberculosis

J. D. Blackwood of The Phipp's Institute (J. A. M. A., July 5, 1913) claims especially good results in the use of aspirin for excessive night cough in pulmonary tuberculosis. He advises the patient to take 5 to 10 grs. acetylosalicylic acid at 8 p. m. "The smaller dose is often sufficient and is not so liable to cause a night sweat as is the larger dose."

X-Ray Treatment of Uterine Fibroids, Menorrhagia and Metrorrhagia

Little is to be found on this subject from reliable sources. In fact, so far as the reader is able to ascertain, there have been no extended studies of this method of treatment in the very common affections mentioned. Quacks, however, have extensively employed X-Ray and electrical treatments in general, promising not only relief, but cure, of the tumors. One, therefore, welcomes a report of the experience of S. Stern, Radiologist to Mt. Sinai Hospital, N. Y., (Am. Journal

Obst., June, 1913) using material largely from the services of Bretlauer and Traut.

The author is duly moderate in his remarks. The cases were those in which surgery was contraindicated or refused. Twenty-nine were uterine fibroids, twenty-three were cases of menorrhagia and metrorrhagia.

The most striking improvement was in the amount of flow. In many cases the diminution was prompt, in others several months treatment was necessary. In still others there was no improvement whatever. In the cases (a minority) where there were recurrences these were never so bad as the original condition. Submucous fibroids seemed least amenable to the effect of the X-Ray. Menopause appeared to have been produced in patients near the menopause. In a number of younger women a temporary cessation occurred, lasting six to eight months, followed by re-establishment of normal menstruation. In respect to sterility, a case (Case 7) is related of a patient who had received thirty-four X-Ray treatments over a period of six months, and who, four months after discontinuance of the treatment, was found to be pregnant. The author believes that a temporary sterility is produced lasting not over six months or a year, depending on the number of treatments.

Stein insists on the observance of strict rules of technique, which he details but which are omitted from this abstract because of interest only to the Radiologic Specialist. It is sufficient for surgeons and practitioners to know that there are possibilities for relief of these extremely common conditions in cases where operation is inadvisable or refused.

In closing, the author says: "It is not a cure-all; a large percentage of cases can be cured, some benefitted by the treatment, but there are cases where

it will fail, despite careful and energetic persistence.

"Improvement under treatment occasionally does not begin until the fourth or even fifth month, and no case should be discarded as unyielding until it has been under treatment for that length of time.

"With proper technique, there is no danger of producing X-Ray Dermatitis."

"The sterility produced is not permanent, and probably rarely persists more than six months after treatments are discontinued."

NON-TUBERCULOSIS APICAL LESIONS

By Maurice Fishberg, M. D.,
New York, N. Y.

In the New York Medical Journal,
July 5, 1913.

Because practically all tuberculous lesions of the lung in adults first manifest themselves in the apices, any deviations from the normal resonance and breath sounds in these regions are apt to suggest phthisis.

The author finds that the bulk of apical lesions met with in practice are tuberculous, but there are many cases, although simulating tuberculosis which are not caused by the tubercle bacillus. These may be classified into three groups:

1. Collapse induration, usually found in mouth breathers.
2. Apical catarrhs, often manifesting themselves after an attack of influenza or found in persons suffering from pulmonary emphysema or who are of defective development, especially in women and workers in indoor and dust occupations.
3. Apical indurations found in persons with heart lesions.

Of these the first is the most important and most frequently met with. Physical examination reveals dullness, retraction of one apex, usually the right, rough inspiratory murmurs, harsh and prolonged expiration and true bronchial breathing with some dry crackling. The history shows that from childhood these patients have suffered from nasal obstruction and were mouth breathers, and had frequent attacks of colds and catarrhs of the nose, mouth, and bronchii, but have never been forced to quit work as is common in phthisis. The symptoms simulate tuberculosis very much, such as, pains in the chest, palpitation, slight dyspnea, disturbed sleep, cough with profuse expectoration, at times blood streaked, especially during the morning hours, and have night sweats, yet frequent examinations for tubercle bacillus are negative.

The fact that these patients are mouth breathers confirms our knowledge of the cause of this catarrh. The dust-laden air passing through the mouth and larynx without being filtered and warmed, passes to the bronchi and chills the inner surface and with the deposit of dust acts as an exciting cause of the condition, by irritation of the mucous membrane.

The differential diagnosis between tuberculous and non-tuberculous apical lesions is based on the absence of the tubercle bacillus in non-tuberculous lesions, the negative albumen reaction, and the sputum being watery, colorless and mixed with saliva, proving that it came from the upper air passages, also the fact that these patients are mouth breathers, and have suffered frequently with attacks of colds, catarrh, nasal obstruction, tonsillitis and throat symptoms, the normal temperature and pulse and the rarity of persistent loss of weight, which even if it does occur, is re-

gained within a few weeks of rest and out door life.

It is agreed that patients suffering from congenital heart disease (pulmonary stenosis) and who survive the age of infancy and childhood, often succumb during adolescence to tuberculosis because of the deficient circulation of the blood and lymph in the lungs, which this cardiac defect brings about. On the other hand, disease of the left heart, especially mitral stenosis, is rarely ever complicated by tuberculosis.

Notes on the Use of Aconite

Small repeated doses of the tincture of aconite have been a favorite method of treatment in sthenic fevers, but many have discarded its use on account of its failure to produce the desired result. This failure

most likely results from the fact that the preparation is not fresh, as the tincture deteriorates early on standing. A fresh potent tincture of aconite is a very useful drug. Ten minims three times a day aids the iodides in lowering blood pressure in arteriosclerosis, in patients with a bounding heart without discoverable valvular lesion.

Aconitine is the principal alkaloid from aconite. It occurs in two forms, amorphous and crystalline, the latter being the stronger. Aconitine is the best preparation of aconite, also the most poisonous, therefore it should be used with great caution. It is very useful in headaches of long standing and neuralgias of anemic patients. When combined with arsenic and atropine it is of great service in chronic sciatica.

VENTROSUSPENSION

After giving his objections to Olshausen's procedure, the formation of objective bands, etc., H. Neuhof, New York (Journal A. M. A., May 31) described a method which has been employed in a few instances and which he thinks obviates the chief objection, as follows: "After the abdomen has been opened through the usual median-line incision and the necessary treatment of the pelvic organs has been carried out, the uterus is grasped and is held at whatever level one desires to suspend it. The region in which one round ligament leaves the abdominal cavity is exposed by retracting upward on that side of the wound. A catgut suture is then begun at the internal abdominal ring by passing the needle through the ligament and the adjoining parietal peritoneum. The suture is continued by alternately grasping the round liga-

ment and the parietal peritoneum with the overlying transversalis fascia. The suture is continued to within a short distance of the uterine horn and is here ended. The needle should take broad grasps of both the round ligament and the parietal peritoneum with adjoining transversalis fascia. To avoid atrophy it is essential that the suture pass through and not around the round ligament. After the suspension of one round ligament has been completed, the opposite side is treated in the same manner. The abdominal wound is closed in the usual way, the parietal peritoneum being preferably sutured by the everting stitch suggested by S. Wiener and myself in order to avoid omental adhesions." The results in the patients operated on have been good after a lapse of a considerable period and the advantages claimed would seem to warrant, Neuhof claims, a more extended test.

BOOKS, LAY PRESS, ETC.

THE SECOND SOUTHERN SOCIOLOGICAL CONGRESS

The second session of the Southern Sociological Congress, closed in Atlanta on April 29. The Congress separated itself into seven conferences—Organized Charities, Courts and Prisons, Public Health, Child Welfare, Travelers' Aid, Church and Social Service and Race Problems. As these conferences took place at different places, and at the same hours it was rather obligatory upon interested people to attend one series of conferences. I chose to give my attention to the Conference on Race Problems.

Probably no event in the South, since the close of the war, is of more significance than this Conference on Race Problems. And this is so, not from what was said, as from the speakers and the audience addressed. The conference might have been one of the annual conferences of the Atlanta University upon "Race Problems," save that the speakers were Southern men, and the audiences were composed of Southern whites and colored persons. Audiences averaging between three and four hundred were in attendance at each of the four sessions.

Nothing was said that we are not fully aware of; but it was the occasion that made the significance. As the key-note, to the spirit of the conference, the following sentences from the opening address of the chairman are noteworthy: "We recognize that the Negro is a permanent portion of the Southern population;" "Justice calls for fair play and fair dealing;" "Righteousness demands good will among the people of the South."

While stating sharply the dividing line between the Southern position, "That citizenship is to be won through economic independence," in compari-

son with the Northern position that, "Economic independence is to be won through citizenship," Professor Branson stated, in answer to the question: "Is the Negro working out his own salvation?" "The Negro is waging a winning battle in agriculture, and is rapidly becoming a landed proprietor." This leaves out of sight, of course, the city problem, or perhaps states that the country problem is the great problem after all, and states "That the Negro is working out his own salvation, not by formal education, but by property valuation." "And here the hope is for the farmers and the renters, and not for the tenants, whether white or colored." And this is true enough.

In a paper upon the Economic Status of the Negro, Professor Hunley, of the State University of Virginia, said: "In '63 there were three millions of slaves in the South, valued at an average of \$500.00, or a total of one and a half billion dollars. This represents the shrinkage of property values in slaves as the result of the war. Today there are 3,000,000 Negro men who represent an economic value of \$2,500.00 each, or a grand total of seven and a half billions. In fifty years, the loss has been made good five times. There are 20,000 Negroes in the government service; 20,000 are in business; 70 per cent are literate; 800,000 are either farm owners or farm renters." This last figure is suggestive, and compares well with the one per cent of a recent widely read editorial. Eight hundred thousand Negro farmers and renters, represent 8 per cent of the total

population, as against one per cent; while if we may estimate that each farmer represents a family of five persons, and this is not too large, then four millions of Negroes, or 40 per cent stand out as against the one per cent, and the 99 per cent as yet untouched, shrivels to 60 per cent. It makes a difference who states the problem. To the comment that Negroes are disappearing from certain lines of service once in their hands, as for example, certain forms of personal service, the answer was, that this loss was met by an increasing business among their own race. "And that on the whole, there was a solid basis for high hope for the future."

Most interesting for the rural colored schools was the fact that Virginia and Alabama have both appointed a State Supervisor of State colored rural schools, and the work that has been inaugurated in these two States for the betterment of rural schools, coupled with the work for the rural schools of the Jeanes Foundation was a distinctly hopeful note for the attack of one of the crying evils of rural life. In addition to this, the statement was made by the chairman that hereafter, the 800 expert farm-demonstrators who have hitherto given attention to white farmers only, are in the future to do the same farm-demonstration work for the Negro farmers. This brings the national government to the aid of the rural problem.

Commenting upon Needed Reforms in the Social and Hygienic Conditions of the Negro, Professor Morse of the University of South Carolina, was constrained to recognize that the likenesses among the races are far more marked than their differences, so that there can be no school of medicine, no psychology, no logic, no sociology, no religion of the one different from

and apart from that of the other. Here came a cordial recognition of the Negro's place in geography and history and literature, and a demand that these should find their appropriate places in text-books. The speaker went so far as to propose that quotations from Dunbar's poems and from Mr. Washington's addresses should get into the school readers. And, surely, if the Negro story punctuates the oratory of the Southern speaker, if the old-time songs touch the emotions of Southern audiences, there is no good reason why the literature, the poems, the vigorous addresses, and the fine essays of colored writers should not find their way into the school books of a nation of which the authors were or are representative citizens.

To one who wants to know what the white churches are doing among the colored slums in our cities, the story of the Rev. John Little, of Louisville, is always old and always new. Under his leadership, a work that began fifteen years ago, in that city, during, I think, the last year of Mr. Little's course in the Theological Seminary, has grown from a small Sunday School of 15 colored boys and girls, to a work of large proportions in which a thousand children and more are weekly brought into touch with some form of the institutional work thus organized. I can only mention Mr. Little's ardent belief in the play ground as an important accessory to institutional work, and to express the wish that the city of Atlanta could be brought either in its capacity as a city or through private beneficence to do a great deal during the coming summer for play grounds for the colored children of the city.

No words can do justice to the plea of Mrs. J. D. Hammond upon the topic "The White Man's Debt to the Negro." While not distinctly following her

topic, Mrs. Hammond's words were a burning plea, not for the Negro, not for ex-slaves, not for an inferior race, not for an undeveloped or an infant race, but for all "unprivileged peoples." In the words of the speaker the problems of the unprivileged classes exist in all nations; their problems are world-wide; they are the people whose lives are lived under compulsion from which they can not escape. These are the people who live just below the poverty line; they furnish the paupers and the criminals of all nations. In the South we have mixed up the poverty line with the Negro problem. It is only that a larger proportion of the "submerged tenth" are colored than white, that the colored people furnish the larger proportion of criminals. And as the great ones elsewhere are studying the causes and alleviations of poverty and crime, let us show ourselves likewise great by studying those conditions that have made our submerged tenth, and not content ourselves, that having made the conditions that developed Negro criminals, we charge upon the Negro criminal propensities.

Perhaps no one address of the Conference was more striking than that of Rr. Roman, of Nashville, upon "Racial Self Respect and Race Antagonism," in which the speaker deplored: 1. The politician whose stock in trade is the Negro problem; 2. That the two races believe in the vices and not in the virtues of each other; 3. That racial contact is only in the saloon, the gambling hell and the brothel; 4. The scorn of the strong for the weak and the fear of the weak for the strong; and, 5. The lack of business intercourse. And urged, 1, that the two races must live together; 2, that they should encourage inter-racial intercourse for things good; 3, should face facts; 4, that the press should drop, for the present,

the discussion of the Negro, should not report the race of criminals, and should cease to report speeches of political agitators.

I passed by the practical address of Dr. DeLoach, of Athens, upon the "Negro as a Farmer," save to quote that one generation of ignorant farmers can destroy more soil than forty generations can build up; and that of Dean Hubbard, of Nashville, which showed the mutual relation of the two races in problems of Infectious and Contagious Diseases Among Negroes, the two addresses finding a common ground in the mutual dependence of the two races.

Up to this point in the Conference, much had been said that was favorable to the Negro. But nothing had been said as to the handicap under which what has been accomplished in half a century has been wrought out. It was left to Professor Scroggs, of the University of Louisiana, to point out this phase of the situation. Among the elements of this handicap, the following were statde: 1. Not equal accommodations for equal fare; because of this the whole principle of segregation in transportation is in jeopardy. 2. Abominable housing; 3. Unfair division of the school fund; the Negro in proportion to his ability is the more highly taxed; 40 per cent of the population get 15 per cent of the school fund. 4. Inequality of administration in municipal affairs, parks, libraries, etc. 5. Intelligent Negroes disfranchised; arbitrary power placed in the hands of registrars, and the grandfather clause a piece of special legislation abhorrent to the spirit of American institutions, but fortunately a clause with a time limit. 6. The lot of the Negro before the courts may be recognized as legal, but as decidedly unequal in comparison with that of white men; while juries frequently fail to convict

whites upon Negro evidence; and 7. The Negro is too frequently the victim of mob violence. The elements of the solution are, education, co-operation, publicity, patience. Civic conditions will improve with economic conditions.

The concluding address was made by Dr. Weatherford, of Nashville, the secretary of the Conference. His topic was "How to Enlist Southern Forces for Improvement of Conditions Among Negroes." His opening statement was that "Humanity is humanity," and his demands were, an appreciation of the sacredness of human life, the co-operation of the Church, more money for schools, new curriculum, better teachers, better supervision, United States farm demonstration work, city charity organizations, which would work not for, but with, the Negro; decent wholesome recreation for adults, and again, playgrounds for children. "Play grounds are better and cheaper than penitentiaries."

Such of the general conferences as I attended seemed permeated with the spirit of the special conferences. Dr. Barton made his appeal, not to arithmetic, but to the heart. In the preservation of human rights, the Negroes must be preserved. For illustration, the Negro of today has no real chance before the courts. In the realm of industry, these rights must be respected despite immigration and the importation of white servile labor. In education, the same principles must hold as with other races. Industrial education must hold a large part. Southern philanthropists are urged to recognize here an appropriate field of benevolence. In an address upon the Hour of Opportunity for Church, Dr. Rice made a confession of wrongs in the past, and stated that there lay upon the South the duty to assist in the development of the Negro; be-

cause, first, of the obligation of the strong and the weak; and, second, of the obligation of the beneficiary. This was illustrated by the part played by the Negro in the economic history of the South, in which the Negro was the public benefactor. Here was stated a principle which, if it could be broadly applied, would be the solution of many of the social ills which vex our times,

The concluding injunction of the Conference on Race Problems stated the magnitude of the problem opened by the conference. "We know these things," said the chairman. "There lies before us the duty of making these things known to others." The University has spoken, and in thus speaking has demonstrated its rights to be a University. The duty now of the University is, having succeeded in its search for the truth, to see to it that this truth, somehow, filters down into the public consciousness, forms public opinion and results in public recognition of evils, and in public co-operation for their removal. This is the tremendous problem which the Sociological Congress has set itself. It behooves every man of us to assist.

Certain things would not have been said at an Atlanta University Conference. No speaker there would have hedged his fine address by concluding it with the famous illustration of "the fingers and the hand," or have demanded "equal but separate accommodations in transportation." Such would have to accept the conditions under which he lives, but would not accept the philosophy behind those conditions. So, none of us would refer to the Negro people as a race in the infant or bottle-stage of civilization, a phrase which forgets that the Negro has been in America about as long as the white man, and has for nearly three centuries entered into the Western civilization. While the gen-

erous recognition of what the Negro has accomplished since 1863 would indicate that the colored race is at least in a stage of civilization approximating youth. But the Conference

was significant in its admissions, rather than in its omissions, and none of us but can be thankful for its spirit and can gladly "lend a hand."

E. H. WEBSTER.

O

PROGRAM

FIFTEENTH ANNUAL SESSION NATIONAL MEDICAL ASSOCIATION: PHYSICIANS, SURGEONS, DENTISTS, AND PHARMACISTS NASHVILLE, TENN., AUGUST 26, 27, 28, 1913

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TUESDAY, AUGUST 26, 1913. MEHARRY AUDITORIUM

Morning Session, 10:00 o'clock

Call to order by the chairman of the local committee.

Invocation

Registration of Members

Reading of minutes of the closing session of the 14th annual meeting

Introduction of President

President's Annual Address, J. A. Kenney, M. D., Tuskegee Institute, Ala.

Unfinished business

Report of the Executive Board

Appointment of committees

Report of delegates

Paper by W. E. Sterrs, M. D., Decatur, Ala., subject, "Tuberculosis and the Negro." Discussion by Robert T. Burt, M. D., Clarksville, Tenn.

Report of Committee on "Medical Education," by H. Floyd Gamble, M. D. chairman, Charleston, W. Va.

Tuesday Afternoon—2:30 o'clock

SECTIONAL MEETINGS: Medical, Surgical, Dental, Pharmaceutical.

Medical Section:

Call to order by Chairman of Section, J. R. Levy, M. D.

Reading of minutes, by A. A. Tennant, M. D., secretary.

Roll Call

Paper, by W. H. Higgins, M. D., Providence, R. I. Subject, "Costiveness and its Causes." Discussion opened by H. G. Williams, M. D., Pensacola, Fla.

Paper, by A. A. Wyche, M. D., Charlotte, N. C. Subject, "Typhoid Fever." Discussion opened by J. S. Massey, M. D., Monroe, N. C.

Paper, by G. E. Cannon, M. D., Jersey City, N. J. Subject, "Dystocia." Discussion opened by H. M. Nutall, M. D., Greenville, N. C.

Paper, by M. M. Edwards, M. D., Charleston, S. C. Subject, "Larval Malaria." Discussion opened by W. M. Thorne, M. D., Charleston, S. C.

Surgical Section:

Call to order, by Chairman of the Section, W. A. Warfield, M. D.

Reading of minutes, by N. M. Cashin, M. D., secretary.

Roll Call

Paper, by L. O. Walton, M. D., Atlanta, Ga. Subject, "Anesthesia." Discussion opened by J. T. Newman, New Orleans, La.

Paper, by G. S. Burruss, M. D., Augusta, Ga. Subject, "Carcinoma of the Breast." Discussion opened by N. L. Edwards, M. D., Bluefield, W. Va.

Paper, by C. A. Terrell, M. D., Memphis, Tenn. Subject, "Pyosalpingitis; Report of Cases, and Treatment." Discussion opened by Rivers Frederick, M. D., New Orleans, La.

Paper, by M. V. Lynk, M. D., Memphis, Tenn. Subject, "Laboratory Analysis: The Handmaid of Operative Surgery." Discussion opened by H. C. Scarlett, M. D., Waycross, Ga.

Tuesday Evening—8:00 o'clock

Public meeting—Spruce Street Baptist Church, 8th Ave. N.—Pastor, Rev. T. L. Ballou.

Call to order by chairman of local committee, and introduction of master of ceremonies, Dr. J. H. Hale, President Rock City Academy of M. & S. Music by Spruce Street Church Choir.

Invocation

Music

WELCOME ADDRESSES

For City of Nashville.....Hon. Hiliary E. Howse, Mayor of Nashville

For Rock City Academy of M. & S.....Dr. W. A. Reed

Music

For the Volunteer State M. & S. Association.....Dr. G. H. Bandy, Pres.

Music

For Citizens.....Prof. Ira T. Bryant, Sec'y A. M. E. S. S. Union

For Ministry.....Rev. W. S. Ellington, Pastor First Baptist Church

Music

Responses to addresses of welcome, by E. T. Belsaw, D. D. S., Mobile, Ala., and W. F. Penn, M. D., Atlanta, Ga.

Introduction of President, J. A. Kenney, M. D.

Music by Choir

Benediction

WEDNESDAY MORNING

Clinics—7 to 10 o'clock: Medical, Surgical, and Dental

General Session 10:30, Meharry Auditorium

Call to order

Invocation

Reading of minutes

Report of Executive Board, by J. A. Robinson, M. D., Secretary

Report of Treasurer

Report of General Secretary

Report of Journal

Oration on Pharmacy, by F. W. Ragland, Ph. G., Birmingham, Ala. Subject, "Professional and Commercial Pharmacy."

Paper, by L. L. Burwell, M. D., Selma, Ala. Subject, "Fertility of Woman; Its Effect Physically and Morally Upon the Nation." Discussion opened by M. P. Sessoms, M. D., Waycross, Ga.

Paper, by A. W. Dumas, M. D., Natchez, Miss. Subject, "Vice Disease, Our Social and Economical Peril." Discussion opened by E. M. Boyle, M. D., Washington, D. C.

Wednesday Afternoon—2:30

SECTIONAL MEETINGS: Medical, Surgical, Dental, Pharmaceutical

Medical Section

Call to order

Roll call

Election of representatives to House of Delegates

Paper, by C. S. Haynes, M. D., Athens, Ga. Subject, "Some Uses of Chloral Hydrate." Discussion opened by Ernest Terry, M. D., Columbus, Ga.

Paper, by I. A. Lawrence, M. D., Elizabeth, N. J. Subject, "Pneumonia—Diagnosis and Treatment." Discussion opened by C. H. S. Henderson, M. D., Greenwood, S. C.

Paper, by J. E. Baxter, M. D., Henderson, N. C. Subject "The Diagnosis, Treatment, and Cure of Pellagra." Discussion opened by T. J. Fawcett, M. D., Lynchburg, Va.

Paper, by S. R. Wilson, M. D., Danville, Va. Subject, "Typhoid Fever: Its Etiology and Diagnosis." Discussion opened by E. Chas. Thornhill, M. D., New Orleans, La.

Surgical Section

Call to order

Roll Call

Election of representatives to House of Delegates

Paper, by U. G. Daily, M. D., Chicago, Ill. Subject, "The History of the Appendix—and report of several interesting cases." Discussion opened by Val Do Turner, M. D., St. Paul, Minn.

Paper, by A. M. Brown, M. D., Birmingham, Ala. Subject, "Abdominal Excision of the Kidney." Discussion opened by C. O. Booth, M. D.

Paper, by W. H. Johnson, M. D., Charleston, S. C. Subject "Rare-extra-peritoneal Tumor of Unusual Size—With Operation." Discussion opened by J. M. Thompson, M. D., Charleston, S. C.

Wednesday Evening—8:00 o'clock

St. Paul A. M. E. Church, 4th Ave. So., & Franklin St. Pastor, J. W. Sexton

Call to order by Vice-President, D. A. Ferguson, D. D. S.

Music

Invocation

Music

Oration on Medicine, by J. R. Levy, M. D., Florence, S. C. Subject, "The Achievements of Medicine and of the Medical Profession."

Symposium on Mortality:

(1) Infant (2) Adolescent (3) Middle Life.

(a) Rate

(b) Causes

(c) Prevention

Discussed by:

(1)—G. A. Gerran, M. D., High Point, N. C.

(2)—G. R. Ferguson, M. D., Charlottesville, Va.

(3)—J. O. Plummer, M. D., Raleigh, N. C.

General Discussion

THURSDAY MORNING

Clinics—7 to 10 o'clock: Medical, Surgical, Dental

General Session, Meharry Auditorium—10:30

Call to order

Invocation

Reading of minutes

Report of Executive Board

Paper, by A. W. Williams, M. D., Chicago, Ill. Subject, "The Use of Tuberculin as a Diagnostic and Therapeutic Agent in the Treatment of Tuberculosis." Discussion opened by J. W. Walker, M. D., Asheville, N. C.

Paper, by F. A. Stewart, M. D., Nashville, Tenn. Subject, "Ectopic Gestation—Report of 7 Cases."

Paper, by W. H. Ambrose Barrett, Keystone, W. Va. Subject, "Syphilis as an Etiological Factor in Cardiac Diseases." Discussion opened by W. C. Lawrence, M. D., Montgomery, W. Va.

Report of Commission on Pellagra, by H. M. Green, M. D., Knoxville, Tenn.

Thursday Afternoon—2:30 o'clock

General Session

Call to order

Reading of minutes

Paper, by J. H. Bugg, M. D., Lynchburg, Va. Subject, "A General Recognition of the Medical Profession." Discussion.

Paper, by G. L. Williams, M. D., Memphis, Tenn. Subject, "Typhoid Vaccination." Discussion opened by J. Seth Hill, M. D., Jacksonville, Fla.

Report of Executive Board

Unfinished business

Report of committees appointed by the President

Report of the House Delegates

Adjournment

DENTAL PROGRAM

Tuesday Afternoon—2:30 o'clock

Call to order

Roll Call

Report of committee on "Oral Hygiene."

Hints and Queries

Paper, by A. T. Landers, D. D. S., Tuskegee Institute, Ala. Subject, "Modern Oral Hygiene and its Scope."

Paper, by T. B. Coleman, D. D. S., Natchez, Miss. Subject, "Secondary Hemorrhage." Discussion.

Paper, by C. O. Lee, D. D. S., Winston-Salem, N. C. Subject, "Difficulties of a Successful Dental Practice." Discussion.

Paper, by S. L. Edwards, D. D. S., Anderson, S. C. Subject, "The Oral Cavity—a Source of Infection." Discussion.

Paper, by D. A. Ferguson, D. D. S., Richmond, Va. Subject, "Oral Surgery." Discussion.

Paper by Sylvester Jefferson, D. D. S., Clarksville, Tenn. Subject, "The Business Side of Dentistry." Discussion.

WEDNESDAY MORNING—10:30 o'clock

Public Meeting

Dental Clinics for Public Schools. 5 minutes talk on each subject.

Subjects:

"Oral Hygiene," "How We Should Eat," "The Care of the Teeth," "What Every Man and Woman Should Know," "Care of the Mouth During Pregnancy," "The Relation of the Teeth to Health," "The Relation of Dentition to the Growing Child."

Wednesday Afternoon—2:30 o'clock

Call to order

Reading of minutes

Election of representatives to the House of Delegates

- Paper, by R. J. Johnson, D. D. S., Rome, Ga. Subject, "Differential Diagnosis and Treatment of Diseases of Dental Pulp." Discussion.
- Paper, by A. W. Thompson, D. D. S., Mobile, Ala. Subject, "Artificial Dentition and Its Relation to Longevity." Discussion.
- Paper, by F. W. Terry, D. D. S., Talladega, Ala. Subject, "The Application of the X-Ray to Dental Treatments."
- Paper, by W. E. Braswell, D. D. S., Atlantic City, N. J. Subject, "The Saliva as a Source of Dental Caries." Discussion.
- Paper, by J. Frank Robinson, Bessemer, Ala. Subject to be announced.
- Paper, by W. D. Holder, D. D. S., Jackson, Tenn. Subject, "Our Professional Needs and Deeds." Discussion.

THURSDAY MORNING

Clinics—Meharry Dental Infirmary

- "Technic of Modern Fixed and Removable Bridge Work."
Demonstrations by E. B. Jefferson, D. D. S., Nashville, Tenn.
- "Modern Operative Technic." Demonstrations, by R. H. Voorhees, D. D. S., Nashville, Tenn.
- "Plastic Silicates." Demonstrations, by Roscoe C. Brown, D. D. S., Richmond, Va.
- "Cavity Preparation." "Gold and Porcelaine Inlay Work." "Exodontia and Obtundents." Demonstrations, by
- | | |
|----------------------------------|----------------------|
| E. T. Belsaw, D. D. S..... | Mobile, Ala. |
| Norman E. Lassiter, D. D. S..... | Newport News, Va. |
| J. M. G. Ramsey, D. D. S..... | Richmond, Va. |
| C. O. Lee, D. D. S..... | Winston-Salem, N. C. |
| G. W. Harry, D. D. S..... | Greenville, S. C. |
| E. S. Jones, D. D. S..... | Springfield, Mass. |
- Dental clinics under direction of R. H. Voorhees, D. D. S., Nashville, Tenn.

PHARMACEUTICAL SECTION

Tuesday Afternoon—2:30 o'clock

- Call to order
- Roll call
- Paper, by H. B. S. Marble, Ph. G., Yazoo City, Miss. Subject, "The Relation of Pharmacists and Physicians." Discussion.
- Paper, by E. J. LaBranche, New Orleans, La. Subject, "Progressive Pharmacists." Discussion.
- Paper, by C. M. Wilkerson, Ph. G., Mobile, Ala.
- Other papers to be announced by Secretary of Section.
- Pharmaceutical exhibits under direction of Wm. Sevier, Ph. G.

RECREATION AND AMUSEMENT

Wednesday Afternoon 5-7

Smoker—at Majestic Theatre, 426 Cedar Street

Reception for visiting ladies—in parlors of Hubbard Hospital

Thursday Evening

Reception and Banquet—at State Capitol

Friday—9 a. m.

Auto trip to the "Hermitage"—Home and resting place of Andrew Jackson.
Assemble at Meharry Auditorium.

GENERAL INFORMATION

All meetings on Meharry Campus.
 General Sessions in Meharry Auditorium.
 Surgical Section in Sophomore room—Administration Building.
 Medical Section in Freshman room—Administration Building.
 Dental Section in Junior room—Dental Building.
 Pharmaceutical Section in Pharmaceutical room—Dental Building.
 Surgical Clinics in operating room of George W. Hubbard Hospital.
 Medical clinics in amphitheatre.
 Dental clinics in Dental parlors—Dental Building.

GENERAL HEADQUARTERS AND REGISTRATION BUREAU

In rooms of Negro Board of Trade, in Building of the Peoples Savings Bank and Trust Co., 410 Cedar Street, $\frac{1}{2}$ Block from the Nashville City Railway Transfer Station.

On arriving in the city, take any in-bound street car, and go to Transfer Station, then walk one block to headquarters.

PELLAGRA

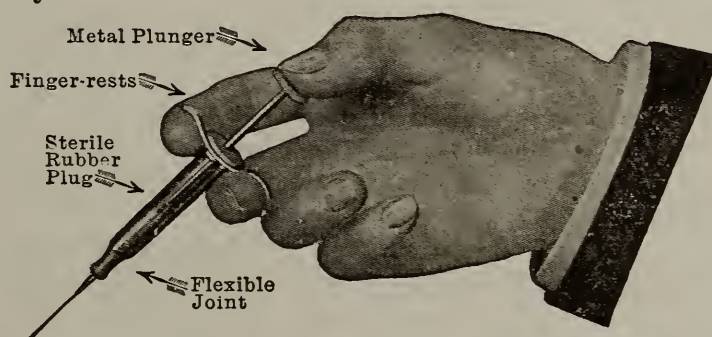
From an analysis of 323 cases of pellagra seen by him during the summers of 1911 and 1912, R. M. Grimm, Savannah, Ga. (Journal A. M. A., May 10), finds that it is much more prevalent among the whites than among the blacks, and among females than males, 64.7 per cent. of the whole number being white females and 28.2 per cent. white males. In the majority of counties visited the blacks were most numerous. The age of incidence of the disease, so far as it could be determined was greatest between 20 and 40. Amongst the married and widowed the females predominated, while in the single pellagrins the numbers were equal for each sex. More cases had their onset during the months of May and June, rather than at other periods of the year and 1911 was the year the largest number of cases began. There seems to have been a great increase in the disease since 1909. Poverty seems to be an important factor in the causation, although a few of the patients

were in comparatively comfortable conditions of life. More cases developed in the vicinity of other cases than otherwise, but no evidence could be obtained indicating its hereditary character. The occurrence of certain other diseases, such as typhoid, pneumonia, tuberculosis, etc., seemed to favor the onset, as well as did operations and injuries. In a number of cases grief and worry was a contributing cause, but the fact that 258 out of the 323 developed the disease under conditions of poverty was very significant. The living conditions, the lax personal and domestic hygiene, and especially the questionable character of their food, very little of which is fresh or home grown, indicate very promising lines for further investigation. More or less regular use of corn products, not always supplied locally, was universally admitted. In most instances all the hominy and meal were obtained at the stores, but the relative supply of home grown and imported could not be definitely ascertained.

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All Mulford Antitoxins, Serums, Bacterins, Vaccines, Tuberculins, etc. are prepared under the personal direction of experts. Our Laboratories at Glenolden, Pa., U. S. A., are operated under Government license and inspection. Rigid standardization, with bacteriologic and physiologic tests insure uniform reliability.



Every dose of Antitoxin, Curative Serums and Bacterins is furnished in a perfected aseptic glass syringe, with flexible needle joint, positive working piston, finger-rests—ready for instant use.

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Diphtheria Antitoxin—Concentrated

Furnished in aseptic glass syringes, containing 1000, 2000, 3000, 4000, 5000, 7500 and 10,000 units.

Tetanus Antitoxin

Furnished in aseptic glass syringes, containing 1500, 3000 and 5000 units.

Anti-Dysenteric Serum

For Summer Diarrhea and Dysentery.
In aseptic glass syringes, containing 10 c.c.

Anti-Meningitis Serum

(Anti-Meningococcic Serum)

In packages containing 2 aseptic glass syringes of 15 c.c. each, including special needle for intraspinal injection.

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In packages containing 2 aseptic glass syringes of 10 c.c. each.

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In aseptic glass syringes of 10 c.c. each, and in 20 c.c. packages (2 aseptic glass syringes of 10 c.c.)

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THE NEGRO IN MEDICINE

By J. A. KENNEY, M. D.

Tuskegee Institute, Alabama

A booklet of sixty pages, in addition to thirty-two half-tone portraits, etc. A lucid description of what the Negro has been able to accomplish in Medicine and Surgery. In combination with the Journal, or by subscription, Price \$.50 per copy. With the Journal National Medical Association, \$1.75

SEE THE FOLLOWING COMMENTS:

The copy of the "Negro in Medicine" sent to me by you, was highly appreciated. Not only did I read it through, but I studied it very carefully, and in my opinion, the worthy author could not have thought of anything better to place before the public than this grand and true statement of the worth of the Negroes in this beautiful and most necessary profession to humanity. May God keep you to continue in these useful works.

(Signed) W. K. INGRAM, D. D. S.,
Mayor, Bluefields, Nicaragua, C. A.

Please accept my thanks for the copy of "The Negro in Medicine." It is a compilation which will be of great use to all interested in the progress of the Negro race, and represents, I am sure, a great deal of painstaking research.

(Signed) LEANORA E. HERRON,
Librarian, Hampton N. and A. Institute, Hampton, Va.

I am highly pleased with the publication, and you deserve great credit for such splendid production. Only by such can the Negro physician be placed in his true light before the American people.

(Signed) J. R. LEVY, M. D.,
Florence, South Carolina.

The history of the "Negro in Medicine" reached me safely, and I thank you for it in the heartiest fashion. Surely it will find a place in my collection of Negroids. It has much information set in an attractive form and should prove of rare value to the Medicos of this day.

Again thanking you, I am,

(Signed) W. C. BOLLIVAR, M. D.,
Philadelphia, Pennsylvania.

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(Signed) CHARLES F. MESERVE, M. D.,
President, Shaw University, Raleigh, North Carolina.

I received the copy of "The Negro in Medicine." I am well pleased with it. Its literary style as well as typographical excellence is superior to anything I have seen along these lines.

(Signed) A. W. DUMAS, M. D.,
Natchez, Mississippi.

I want to thank you for writing the "Negro in Medicine." It gives a comprehensive information that is very creditable, timely and inspiring to us young members of the profession. In fact it is a real stimulus for greater and better work.

(Signed) S. SPEARING CAMPBELL, M. D.,
Jacksonville, Florida.

I hereby beg to acknowledge the receipt of a copy of your "Negro in Medicine." I have, with a great deal of pleasure, read the book and feel free in saying that you have done ycurself and the race proud. Your little book shows to the most pessimistic reader that all the Negro needs is a chance and if he were given that chance there are no heights too steep for him to climb, and no tasks too hard for him to overcome.

(Signed) J. G. SHELTON. Editor,
Messenger, Charlottesville, Virginia.

Many thanks for your booklet. It is indeed an interesting article of valuable information, for which you are entitled to much praise.

(Signed) G. N. WOODWARD, M. D.,
Fort Valley, Georgia.

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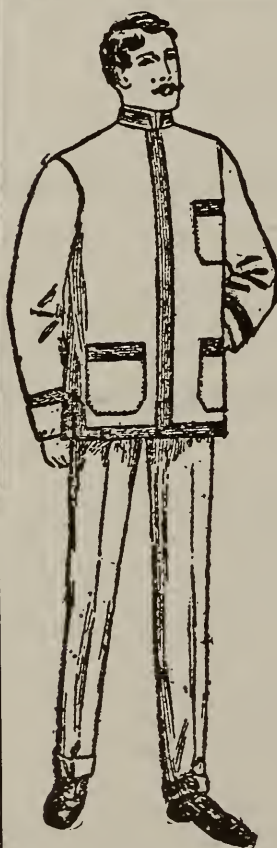
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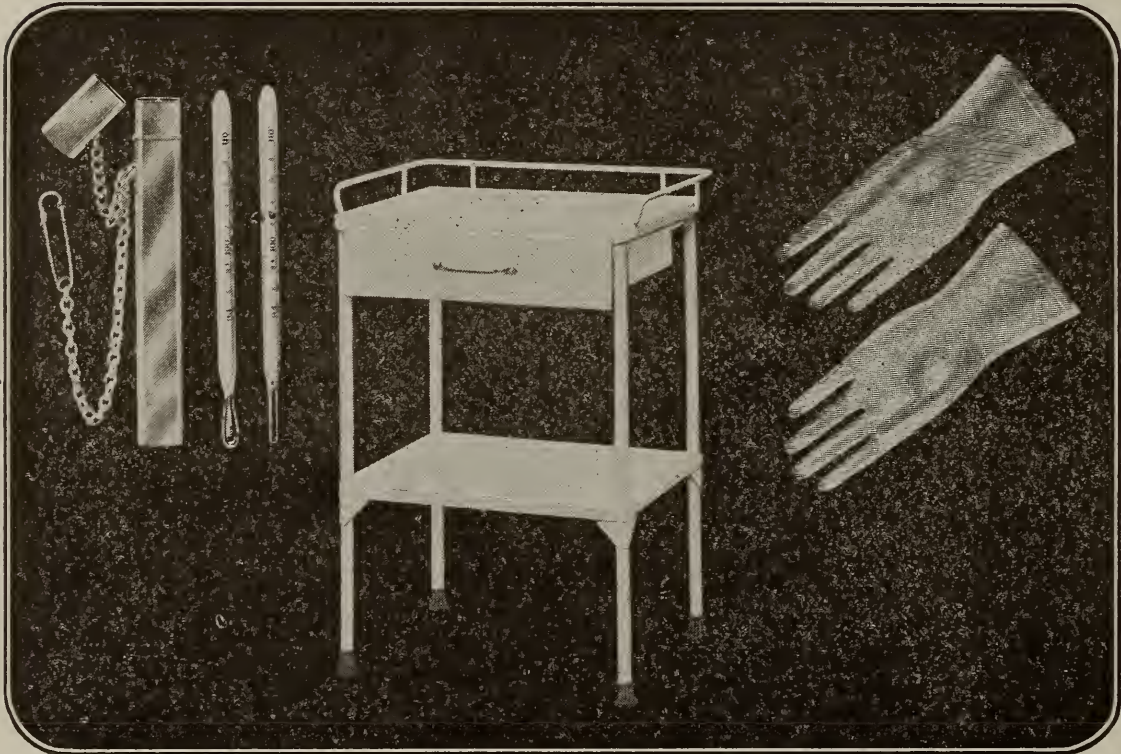
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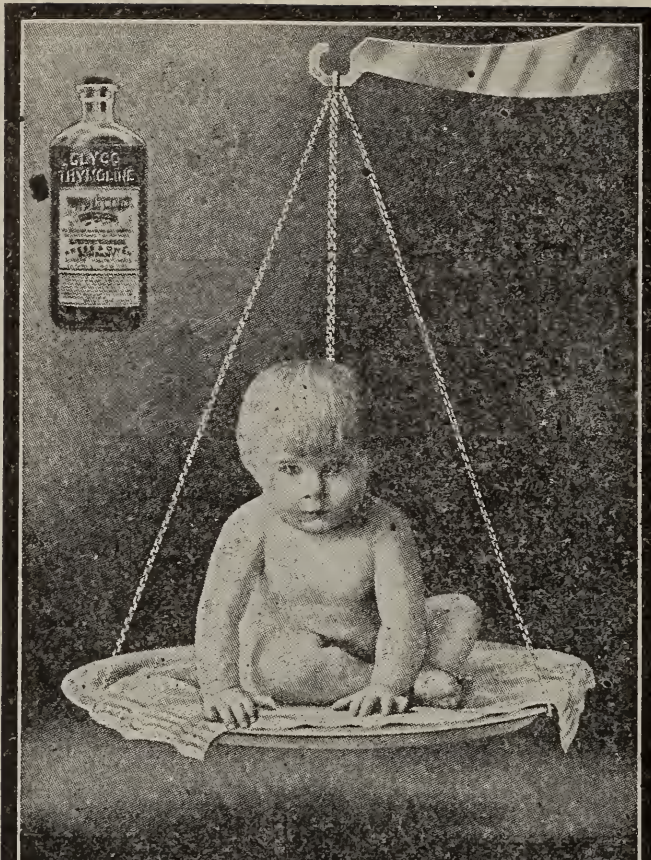
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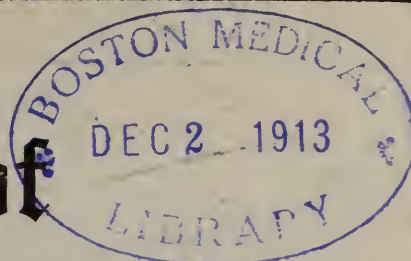
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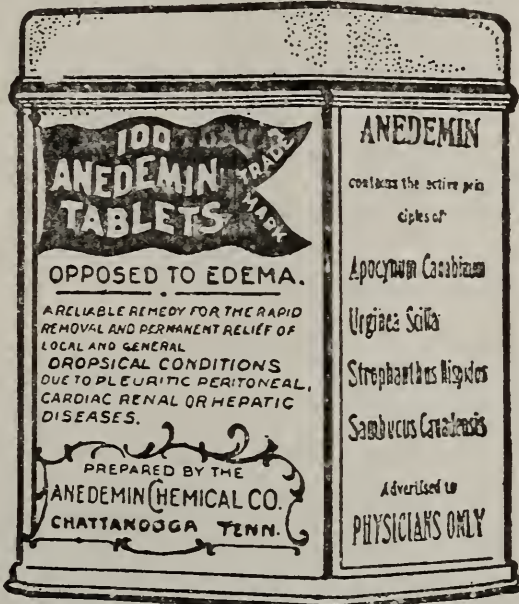
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JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION

VOL. 5

OCTOBER-DECEMBER, 1913

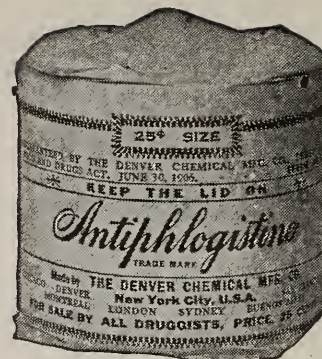
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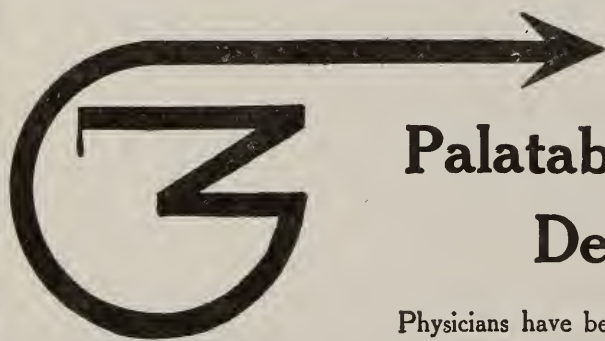
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OCTOBER-DECEMBER 1913

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PRESIDENT'S ADDRESS

BY JOHN A. KENNEY, M. D.

TUSKEGEE INSTITUTE, ALA.

In medicine as in most other avocations of life, the Negro is at least a recognized factor. We might go further and say that he is a fixture. He has come to stay. But the fact that we occupy this position now does not warrant that we shall always do so unchallenged. The day is come when, in medicine as in every other avenue of life, it is really the survival of the fittest. If the Negro is to hold his own in the science of medicine he must of necessity give due attention to the matter of preparation. The foundation for medical training should be laid deep and firm. No young man should now attempt to take up the study of this profession who is not thoroughly prepared by preliminary education. There was a time when there was an excuse for his so doing, but that day is past. The field of medicine has become so well occupied that there is little need of suffering for lack of medical attention. It has been said that there is yet room for at least five thousand more Negro physicians, pharmacists, and dentists. This does not mean, however, that there is room for them unprepared. If they would occupy this territory, they must be prepared to hold their own, because it is a matter of every-day observance that the competition in certain sections between the Negro and white physicians

for the Negro practice is growing more and more keen.

It should be a source of great satisfaction and gratification to us to note that within our own ranks and race are men qualified and competent to do nearly every class of work that our conditions demand. We not only have an array of general practitioners, efficient in every regard to care for the many ills of the body, but we are gradually developing specialists along many lines. We have a few specialists on diseases of the eye, ear, nose and throat, who have made excellent records in this class of work. In the field of Radio-therapy and Roentgenology we are making some headway, though much needs to be done along this line. We have one man in the field of neurology, who has attracted much attention to himself. With due recognition of all that has been done along other lines, it is in the domain of surgery that the greatest strides have been made. Except in dire emergencies, there is no absolute need for persons of our race to go outside of the Negro profession to get surgical attention. Records and statistics as gathered by our Committee on Medical Legislation show that the results obtained in our hospitals are on the whole as good, and in many instances, better than those of many of the leading white

hospitals of the country. In fact, it is really remarkable what has been accomplished along this line; nor is this confined to one state or one section. All through the states, especially through the Southern States, hospitals are springing up rapidly, and we are developing surgeons of ability. We now have no less than seventy institutions bearing the names of infirmaries, sanatoria and hospitals. These in most instances are founded, controlled, owned and operated by Negroes. Only within the last few weeks a new one has been organized in the city of Little Rock, Arkansas, and another in Jacksonville, Florida.

These are some of our achievements, but, men and brethren, despite our accomplishments, to which we point with pride, we have hardly begun. From a scientific point of view, as a race we are mere babes. Too many of us are content to skim along the surface. Too few are willing to pay the price—to delve deep down amidst the intricacies and mysticisms of science, to, day after day, year after year, doggedly and determinedly follow the labyrinthine meanderings of the scientific way. The day has come when this must be done. On the whole the world has given us due credit for our ability to assimilate, but to win our own place in the profession of medicine we must produce something distinctive. We must add something to the stock of medical knowledge, we must discover something not already known.

In turning the pages of medical literature, we meet a galaxy of names associated with the different discoveries all through the ages—Hunter's canal, Hesselbach's triangle, the canal of Knuck, Malpighian bodies, Metschnikoff theory, Roentgen Rays, Wright's opsonins—and so on, ad infinitum, but only

in one instance do we find the name of a member of our race quoted as having added to the store of the world's knowledge in this profession, and that is, I am happy to remark, the name of Daniel H. Williams, of Chicago, who opened the hitherto closed doors of heart surgery. Time and again white periodicals have accorded him this enviable distinction, and I saw from the white lay press last year that during a scientific surgical demonstration in Kansas City, Missouri, his name was mentioned, and he was given priority in this field.

There is a place and a need for more laboratory workers—chemists, botanists, biologists, bacteriologists, histologists, and pathologists. Can we not encourage some of our young men—just a few—to enter this open field of opportunity? Heretofore, and even now, the bread and butter proposition has stood in the way of many. They could not afford to sacrifice. But now there is enough wealth among the race, and enough young men with financial backing, or a sufficiency in their own names to permit them to give the necessary time to this kind of study and research.

Can we not have a few of our successful general practitioners in the great cities and medical centers devote especial attention to internal medicine, and thus become great internists of such skill and ability that we shall be glad to refer to them in difficult cases as consultants? If I make no mistake, one of our friends in New York City is directing his attention along this line, and there should be at least a half dozen others in different parts of the country.

The field of general medicine is so broad that it is absolutely impossible for one in the short span of human life to gain distinction for proficiency in all of its branches. Hence the necessity that some of us who have practiced a long

period of years and gained a competency, limit our attention to certain specific branches and by close application develop into real medical giants in our chosen fields.

Splitting Fees

As we develop, more and more attention must be paid to the subject of medical ethics. We, as physicians, must have more consideration for the rights of each other. Among the evils that have crept into our midst, that of fee-splitting, demands consideration. This is, of course, a delicate question. Considered ethically, have we any right to barter in the lives and health of our patients? When a patient trusting you as his family physician asks you to recommend the best surgeon in your opinion to do the work, are you not in duty and conscience bound to give him your very best judgment in the matter? Are you in position to do so if Dr. Smith offers you half the fee and Dr. Jones offers you one-third? Will the skill of the surgeon or the size of the slice always decide which man you will recommend? Some months ago a gentleman from another town visited our hospital. He asked our terms. We told him. He said that in another city where there were two or three infirmaries, one offered him so much, another offered him more for his patients. He expressed himself as being well pleased with our hospital, but up to present he has referred no patients. A physician of another town was offered by a white surgeon \$25.00 for his case. On referring to us, we offered him our best service. We got the case. But how many of us are equal to that kind of decision? Gentlemen, the fee-splitting business is a delicate affair. What is the solution? Certainly the family physician who finds a case, in many instances makes the diagnosis, pilots the

case to the surgeon or hospital, and frequently accompanies her there, is due something for his time and service. But how shall he get it? As above stated the question is a delicate one. In my opinion, frankness and candor ultimately prove the best policy. Let the physician present his bill for such service as boldly as he does for ordinary "visits." In the long run I believe that this will be found the most satisfactory. But what shall we do with the brother who steers his patient to a free clinic and himself makes a charge, and pockets the fee, while the surgeon who does the work gets nothing?

Sick Benefit and Death Claim Certificates

Another evil more far-reaching, because more general, is the Sick Benefit and Death Claim Certificates. I do not even intimate that there is no place for these organizations. They have done and are doing much good, but reorganization and a better understanding between them and the physician in many instances are really necessary. The average physician desires to be scrupulous and to do the right thing both by the patient and the company. But many a time the certificates have so many strings to them and are so complicated that it is a most difficult question how to proceed in order to do so, but worse than this is the faker and the conscienceless individual, and all too frequently the person of good morals and standing in the community, who does not hesitate to ask the physician to prostitute himself by making false statements in writing as to the length of illness, name of disease, etc. It is a dark blot on our noble profession that so many of us will stoop to do this kind of thing. Insurance agents tell us that there are men with the M.D. degree to whom these fakers may go and by the payment of 50 cents or \$1.00, and more often 50

cents, get them to sign for a week's benefit for illness in bed when the pretender has not been in bed except at night, and maybe not much of that, nor has the physician been in attendance in any manner whatever. Hence in many instances the companies take our certificates as a joke. On the surface this may not seem of much importance, but it is an every-day question that is embarrassing many of us. If a physician attempts to do the square thing he is told very often that Dr. so and so does it, and Dr. so and so gets this patient for a season at least, and as many of his friends as he can influence. Here is work for our local societies. This and other such practical questions should be threshed out, and the physicians have an understanding on these matters. Pressure should be brought to bear on any of our members who persist in thus bringing discredit upon the profession.

Public Health

In a measure every physician is, or should be, a self-constituted health officer. The thoughtful ones of us must be deeply impressed with the deplorable health conditions of the great majority of our people, especially in the large towns and cities, and if the segregation laws continue to separate the races as they are doing, and we have every reason to believe that they will, these conditions will grow worse unless some counter force brings about a change. As I see it that counter force is the Negro profession. Everywhere as opportunity offers, we should instruct our people in the right way of living. We should represent them before the municipal authorities and appeal for better sanitary and housing conditions. I am further convinced that the fundamentals of sanitation and hygiene should be

taught in the public schools, also that we should have Negro representatives on the Health Boards.

Our Allies

The pharmacists, dentists, and nurses are our natural allies. We are all engaged in the one common cause. The firmer the allies the better the work we can do. We desire to commend the work of our dental and pharmaceutical sections. They are growing and strengthening from year to year. The dentists are especially active, not only in session, but in their daily work. They have done much good in teaching the people to preserve their health by the proper care of their teeth. The program which they have prepared for this occasion is indeed commendable. Our nurses, too, should receive every possible encouragement from us. They are filling a most unique place. We cannot do without them. We congratulate them upon the National Association of Colored Nurses, upon their active and growing organization, and wish for them every success. Without entering into a detailed discussion of the matter, we would urge that in our daily practice the physicians, dentists, pharmacists, and nurses, co-operate to the good of each other and the benefit of humanity.

Ex-Presidents

Fear of punishment and hope of reward are recognized as incentives to righteousness. While it should not be so, yet, to a great measure, it seems to be true that most of us need some such incentive. This being an acceptable conclusion, I ask the question, what shall we do with our ex-presidents in order to make them good? We cannot punish them, and we have no reward to offer them, except that reward which comes to one from the consciousness of having

done his duty, which, we must admit, in most instances should suffice. But as a matter of fact, too many of our ex-presidents seem to lose interest in the Association. We are reluctant to say that any man whom we have honored with this high office was only interested in this Association as a means to an end. Yet the fact that some of us step down and out of office, and, to a greater or lesser degree, out of the Association, leaves room for considerable conjecture. Can we not devise some means by which this will not be true? Look around us today. How many ex-presidents are in attendance upon this meeting? Why are there so many absentees? And this is not an exception to the rule. Can we not devise some means of utilizing our ex-presidents in such a way as to hold their interest? It is the duty, and, in my opinion, the obligation, of the men who have been honored with this high office, to maintain an interest in the affairs of the organization, even though their time of office-holding has expired, and there is nothing higher as a gift of the Association for them.

General Secretary

While rotation in the office of the president is undoubtedly the best policy to pursue, this is not true with reference to the secretary. The general secretary of the Association should be a fixture, where we seem to have the right man. And if you will pardon personalities, it does seem that now we have the right man in the right place, and I hope that he will be encouraged to remain indefinitely, and that the Association will see fit to keep him there, and to stand by him, and to give him whatever help his arduous duties demand. In a lesser degree only, should this be true of the secretaries of the various sections. No section should elect a new secretary every year. The

man has hardly become accustomed to his place or duties before his time is up. This method cannot be productive to the best interest of the Association, or of the sections. We should select all of our officers carefully, with the idea of fitness and competence for the duties involved, and in the matter of the secretaries, they should be retained indefinitely, where they are competent.

Journal

Another matter to which I invite your most earnest and serious consideration is the Journal of the National Medical Association. We are now near the close of our fifth year. The matter has been largely an experiment. On a whole, the venture, as most of us will agree, has in a great measure proved a success. The Journal has grown, and it still lives, though how it has done so is a rather difficult question. The Journal must continue to live, and I believe that this body is prepared to say that it must. The Association, as a body, must take more interest in it. The impression has prevailed to a great extent that the Journal is a personal enterprise, and I wish on this occasion and right here to have that impression corrected now and for all time. The Journal is the property of the National Medical Association. We, who are behind it, are servants of the Association. We are here to do your bidding. We want you to take a more active interest in it in every regard, because it is yours, and we look forward to your supporting it.

An Appreciation

Even though already I have, in a measure, overtaxed you, I must not close without an expression of my appreciation of the great honor conferred upon me in placing me at the head of this noble body. Coming, as it did, purely an unsought gift, unanimously from the Association, there was no

other recourse than to accept it with gratitude. I cannot recount great achievements wrought during my incumbency, but we have worked together for the good of the order.

I have visited the following state and local associations during the year:

The Alabama Medical, Dental, and Pharmaceutical Association in Birmingham, in April, where one of its best meetings was held. The papers were of a high order and the discussions full of enthusiasm.

2nd. The Georgia State Medical Association, in Columbus, in May, where by invitation I gave an address on public health, in one of the large churches. This meeting was well attended and enthusiastic. They adjourned for a day to visit the hospital at Tuskegee Institute for clinics and continuation of its business. A party of seventy made this trip in a special car.

3rd. By invitation and pre-arrangement I was the guest of honor at the annual banquet of the North Jersey Medical Society in June. Also I read a paper at their regular monthly meeting. This society is a live, enthusiastic body that is a credit to the entire profession.

4th. In the same month I was one of the two guests of honor at the annual banquet of the Bay State Medical, Dental, and Pharmaceutical Association in the city of Boston. This was at Young's Hotel. A very enjoyable, as well as inspiring, affair. The Association seemed to be taking on new life, and plans were discussed for better work in the future.

I wish to thank the Executive Board, the General Secretary, the Program Committee, and the other officers and members for their loyal help, and ask your kind indulgence and forbearance during the session which we are now beginning.

Recommendations

In concluding my remarks there are a few recommendations I wish to make:

1st, That this Association will go on record for the teaching of the rudiments of sanitation and hygiene in the public schools.

2nd, That there be Negro representatives on the Public Health Boards, or that Negro health officers be appointed in each county or community where there are large numbers of Negroes, to work among their people for the protection of both races.

3rd, That the members of this Association will lose no opportunity to instruct our people concerning the laws of health.

4th, That a limited number of our young men be encouraged to devote themselves to laboratory and research work.

5th, That we place an agent in the field constantly, to represent the Association and Journal. The usefulness of this representative could be extended by his visiting the churches, Sunday Schools, public schools, lodges, women's clubs, and other gatherings of our people, and giving them health lectures.

6th, (a) That we elect thirty Junior Counsellors.

(b) That these counsellors are to be nominated by the Executive Board. Nominations to be ratified by a majority vote of the Association.

(c) That the President, Executive Board, and all executive officers be elected from the counsellors. And I, as president, recommend that the present Executive Board be elected as counsellors, and do hereby nominate them as such.

(d) That five counsellors be elected at each annual meeting to fill va-

cancies and to increase the numerical strength, but at no time shall the number of counsellors exceed one hundred.

- (e) That after ten years, fifteen of the counsellors first elected shall become Senior Counsellors, and after twenty years service as counsellor a senior counsellor shall become a Life Counsellor, and cease to pay dues, and be given a life counsellor's badge of such color and design as shall later be decided.
- (f) That vacancies amidst the senior counsellors be filled from the junior counsellors.
- (g) That junior counsellors pay \$5.00 per year and senior counsellors pay \$10.00 per year as dues in the Association.
- (h) That we select appropriate badges for junior, senior, and life counsellors, of such material and design as shall later be decided.

7th, That, since the date of our meeting conflicts with so many interests, the Executive Board consider change of date.

8th, That the National Association of Colored Nurses be invited to hold their annual meetings at the same time and place as the National Medical Association.

9th, That everywhere, and at all times our physicians be encouraged to take every honorable means in their power to maintain and encourage the present friendly relations existing with the white physicians.

Duties of the Counsellors

1st, To attend regularly the annual meetings of the Association. (Exception to this is made with reference to the Life Counsellors.)

2nd, To attend the meetings of their state and local societies, and to promote, as far as in their power lies, the efficiency of their work.

3rd, "To render unqualified and unstinted allegiance to the Association and to stand ready at all times to support its declared policies and to aid in the achievements of its work."

4th, That non-payment of dues and absence from three consecutive meetings will forfeit a counsellor's membership.

Rights of the Counsellors

1st, To vote upon all questions that are put before the Association that are disposed of by vote.

2nd, They shall be eligible for any office of the Association.

3rd, They shall hold their places as counsellors until removed by death, resignation, impeachment, or for neglect of duty.

ONE ON THE DOCTOR

While a Denver physician was inspecting the insane hospital at Pueblo an inmate approached him and asked: "I beg your pardon, sir, but have you a piece of toast?" "No," replied the doctor in surprise, "but I can get you a piece if you want it badly." "Oh, I wish you would. I'm a poached egg and I want to sit down."—Denver Field and Farm.

Be Cheerful

Be cheerful! No one prefers to give his order to a grouch. No one selects a man with a grievance to make a sale. No one chooses to do business with a sore-head.

A smile removes obstacles, overcomes objections, inspires faith, and paves the way of business.—System.

LABORATORY ANALYSIS, THE HANDMAID OF OPERATIVE SURGERY

By M. V. LYNK, M. S., M. D.

MEMPHIS, TENNESSEE

Operative surgery has made wonderful advances in the past quarter of a century. But in our haste to demonstrate the efficiency of our operative procedures, the profession, or at least many of them, have neglected to summon to their assistance modern methods of laboratory diagnosis. Any person possessed with a little mechanical skill and plenty of nerve may become a fairly successful operative surgeon; but it takes a scientist and a philosopher to be a good internist and an expert diagnostician. Many of our best surgeons are forgetting, if they have not already forgotten, their vast storehouse of general medicine, including the best methods of diagnostic procedure. The surgeon never works in the dark—except when it comes to precise diagnosis. Here I refer to the practice of many young surgeons especially. In the best equipped hospitals and infirmaries of the country, adequate laboratory facilities are always provided. Yet there is a class of surgeons budding into fullness of a vigorous young manhood, whose enthusiasm for operative surgery has bedimmed the vision that formerly comprehended the horizon of diagnosis. Too often the surgeon does not diagnose his case until he operates upon the patient. What would you think of a court who would convict the accused and then introduce the evidence? A noted Chicago surgeon was once asked what he expected on entrance to an abdominal cavity. His reply was "How do I know until I get in?" showing the rashness of at least some operators. Now gentlemen, obscure abdominal diseases have not

been diagnosticated with any degree of success if the physicians ignore all laboratory aids. Of course, laboratory data are not all, not by any means, but often plays an important part in differentiation. Clinical diagnosis is often very important, but many unfrank cases require to be corroborated by microscopic, chemic, or biologic tests. I repeat, laboratory data and clinical diagnosis should be used, one as a check upon the other. After all, in the practice of both medicine and surgery, therapeutic and remedial measures are not half so difficult of application as is the exact determination of the exact pathological condition of the sick man or woman.

The laboratory method makes no apologies nowadays. It is no longer an infant in swaddling clothes, but a healthy robust adult. In speaking of laboratory aids to the surgeon, I shall call special attention to urinalysis, cryoscopy, blood count, blood pressure, the Wasserman, etc.

In cases of supposed beginning localization of infection, it is well to count the white blood corpuscles, absence of leukocytosis in a person supposed to have septicaemia argues rather strongly for typhoid or tuberculosis. By repeated examinations of the blood during the course of an infectious disease, much information of prognostic worth may be gained.

When operating upon liver cases, it is well to first ascertain the coagulation time of the blood, for we know that many of these cases show a tendency similar to the hemorrhagic diathesis,

and coagulation time approaching or exceeding ten minutes may be regarded as an unfavorable circumstance. The physiologic average is five minutes.

When operating upon a kidney it is well, first, to determine the freezing point of the blood (cryoscopy) as well as the total urea excretion for twenty-four hours. Nephrectomy should not be attempted if the freezing point is higher than 0.58 degrees c. The normal freezing point varies between 0.55 degrees c. and 0.57 degrees c. The following is a simple and accurate method:

Draw a couple of ounces of blood from a vein in the arm into a large glass test tube. Immerse into this blood the bulb of a centigrade thermometer. Meanwhile, from this point on prevent coagulation by shaking the tube frequently. Have ready a proper sized salt-mouthed bottle, containing a freezing mixture, and into this immerse the tube of blood. When freezing begins, remove the thermometer and read at once. The freezing mixture is made up of common salt, cracked ice, and water. It is best when using the method in the first few cases to carry out the urea estimations.

The man who opens the abdominal cavity nowadays without first having a urinalysis made, is, except under very unusual and rare circumstances, guilty of malpractice. What are these main tests? Certainly the tests for albumin and sugar are often the least important. Certain abdominal diseases are diagnosed by two methods, and only two. The first of these is urinary microscopy. The second, exploratory operation. You are left to choose the one more compatible with your conscience, but by all means see that a microscopic examination is made before you open the belly. Oftentimes I have seen urine without a trace of albumin, though in each micro-

scopic field a dozen casts could be counted. Pus, blood, and certain forms of epithelium, along with proper chemical data and certain symptomology serve rather accurately to locate the trouble in many instances. Why operate on a person whose symptoms appear and disappear with the appearance and disappearance of millions of sharp oxalate crystals in the voided urine? The presence of an abundance of these crystals indicates the lithemia diathesis, and may give rise to a train of symptoms that may lead the surgeon to suspect some unfrank internal organic affection requiring operative interference. An internist knowing his business would render such service as to make surgical interference unnecessary.

In cases of suspected cancer, the presence of acetone is of considerable value in establishing a diagnosis. Of course, the presence of cancer cells as seen under the microscope is conclusive.

Before any abdominal section, several questions relating to the probable result of the operation should be considered. In the first, will there be great danger of hemorrhage? The blood pressure should be recorded several days in advance whenever possible. It is a well known fact that the blood does not maintain that degree of constancy, say that is maintained by the pulse and temperature, yet, a very high blood pressure, say above 60 or 70, is indicative of a hemorrhagic diathesis, which would, say to the operator, be unusually careful with your sutures.

Syphilis, the most multiform of all diseases to which the human flesh is heir, often attacks internal organs. Luetic conditions give rise to a high blood pressure. The Wasserman test will often point to the luetic origin of the trouble, when salvarsan and a mixed treatment may relieve the trouble.

The probability of the system to enter vigorously upon the process of repair and thus overcome the efforts of an abdominal section should always be considered. The presence of a large number of epithelial, hyaline, and pus casts, either or all would indicate a crippled condition of the kidneys, in the which they are unable to properly perform their excretory functions. Under such circumstances, repair would be slow. An operation, except it be imperative, would be contra-indicated.

An increased amount of indican may indicate intestinal putrefaction, a valuable symptom in obstruction of the bowels.

Acetone is said by some observers to be present in all cases of cancer.

If a blood count before a major operation shows an unusually small amount of white cells, we may conclude that the system is not in a very good condition to undertake the process of repair and an operation, unless imperative, is contra-indicated.

I have merely touched upon laboratory aids to the surgeon. My purpose was not so much to deliver an exhaustive treatise as to call the attention of the members of this association to the vast importance of laboratory aids to surgical diagnosis and prognosis.

I draw the following conclusions:

1st. The urine should be subjected to a chemical and microscopic examination before all abdominal sections, ex-

cept where the peculiar condition of the patient requires unusual haste.

2nd. A blood count should be made to ascertain the recuperative ability of the patient.

3rd. The Wasserman test should be invoked in all involvements of internal organs of an unfrank and obscure pathology, which seems to call for surgical interference.

4th. The Wasserman test should be employed in all obstinate, and especially long, drawnout cases of epilepsy.

5th. The frequent reading of the blood pressure will help the surgeon to properly ascertain the true condition of the arterial system as well as forewarn him to beware of a hemorrhagic diathesis.

The significance of blood pressure, cryoscopy, leukocytosis, coagulation, count, and microscopic examination, when properly correlated and weighed, will do much to enable the surgeon to estimate the probable recuperating powers of the patient. After all, one of the weakest points in the operating room is our lack of ability to extend our view point definitely and precisely beyond the horizon made by the retractors and the knife. But scientific methods are yet at our disposal, and their proper employment will ultimately, I predict, make surgery as well nigh exact in clinical results as it now is in operative procedure.

THE FERTILITY OF WOMAN: ITS EFFECT PHYSICALLY AND MORALLY UPON THE NATION

*L. L. BURWELL, M. D.

SELMA, ALABAMA

In choosing this subject, I had in mind the fact that racial suicide and its effect is depressing upon the population

of this republic, as well as upon others, and is becoming so prevalent that I thought of awaking the Negro race to

the approaching evils which, if not stopped, will reduce the health and morals of his race to the level of the primeval state.

Society is being modernized as everything is being modernized. The physician and the preacher should interest themselves most in lending their labor, time, and money in checking this evil as far as possible.

The protection of the nation, the preservation of health, and a high sense of moral obligation and duty should all claim our attention. There should be a united and powerful sentiment created against this baneful practice, so much so that wherever a man or woman is known who would resort to such a practice, he should suffer the penalty of civil and criminal prosecution.

In the primeval condition of society and among the lower classes, the sexual life of woman bore a very little interest, so far as society was concerned. Woman was a mere chattel, to be traded and used principally for the purpose of bearing children. This low condition of society placed no restraint upon the sexual impulse, therefore it brought about no shame in the performance of the sexual act. Man had no respect for the chastity of the female. Woman had no power to dispose of herself, but in the course of time this condition gradually changed under the influence of social development, till the young girl became modest and placed the highest valuation upon the preservation of her virginity.

This social development has had a civilizing and ennobling effect upon the different nations and races of the earth. Woman is no longer looked upon as a mere chattel, but as the equal of man. She is now considered the "house-wife," and is admired for her sexual life rather

than looked upon as a mere child-bearing being.

In early days the sexual life of woman was concealed by a thick veil, not only from the profane, but herself as well; but as time passed on, more freedom was given and more liberties were granted to her. She was emancipated from the bond of mere family life with which she was so long shackled. Even young girls are now allowed to take part in the contest for the reform between man and woman.

While this change has given woman greater liberties and greater knowledge of herself, it has also allowed certain fashions to come in, which, if not checked, will bring her back to that primeval period when no shame was felt and no restraint was placed upon her wicked acts.

A casual look at the dress of woman today will bear out this contention. Dress rules the thoughts and actions of woman and serves as an attractive object for the admiration of men. The parts that dress conceals serve also to make conspicuous those parts covered, and they are made more prominent by further decoration.

In Australia, girls take off their aprons after marriage as they serve no longer to engage the notice of men. The bosom of woman is her language for expressing her poetry, history, music, religion, worship and art. It is "Cupid's most faithful servant." Fashion selects those parts that serve as the winged god's arrow.

In conditions and circumstances and in all times to come, the sexual life of woman will determine sexual conditions and control social plights whether degrading or uplifting.

The world must battle for the three great principles—the purity of the

maiden, the faithfulness of the wife, and the love of the mother.

It is an unalterable law of nature, like species endeavor to reproduce themselves, and upon this principle depends the preservation of any specific specie or race; for the reason that individuals die and must be replaced if the races are to be preserved. There is a divine and natural law of growth to maturity, and a divine and natural law of decadence and death. Racial progress is dependent upon the psychological, social, anthropological and criminological aspect of man, and woman's part played in the great drama of life.

Medical men so often hold back reproductive facts, which would be of immense benefit to the human race in the preservation of health and the preservation of the race and nation. Some too often and with no thought of the great injury done, assist in bringing about an unnatural termination of a natural course of reproduction, thus inflicting misery upon the individual and robbing the nation of a citizen.

The fecundity, power and growth of a nation is dependent upon the fertility of woman. The preservation of the health, beauty and temperament of woman is dependent upon whether or not that individual has resorted to unnatural means to bring about a premature delivery. This unnatural process and habit has become so prevalent and widely diffused that it appears unwise to ignore the practice. This article is aimed directly at the married women, for upon them the great responsibilities of the nation rest. We look with pity and shame upon the practice of the under world and only hope that God in His good time will awaken their sensibilities to realize their unfortunate state, and an appeal to their consciences will cause them to desist.

The prevention of child-bearing, not only in illicit intercourse, but also in married life, has become so prevalent and so general a practice that it has greatly modified the population. France has adopted the two or less child-bearing per marriage. The two child-bearing is almost universally adopted in Norway and Transylvania and is rapidly spreading in America. This practice is confined almost wholly to the upper classes of people, the poor and ignorant, least affected, but such things become contagious and sooner or later this last class will adopt the same practice.

In antiquity, some law-givers endeavored to limit the birth of children by permitting artificial abortions; however contrary to the religious teachings of the Bible, for in Genesis the command is given, "increase and multiply," and the psalmist proclaimed, "Happy is the man that hath his quiver full" of children.

Nearing the approach of the nineteenth century, Thomas Robert Malthus startled the world with the doctrine of checking the increase of population.

Answering the demands of modern customs, modern society of today, women and men have given way to the practice as well as those of illicit relationship.

The gradual increase in the cost of living, the struggle in trying to maintain a family, the inability many times in securing work, the crowded condition of many communities are all given as reasons for resorting to means of preventing conception.

The instinct in plants, to endeavor to reproduce themselves, goes on and on, without thinking of how the young plant will maintain itself after birth, but man, having a higher conception of life, thinks of the "Afternow," and when he fails to see opportunities for

sustenance and sees hardships confronting the unborn, he goes about to prevent further legitimate births.

Plato asserts that the government should regulate the number of its citizens and that all sickly children should be killed. Aristotle advised that men should not be allowed to marry before the age of thirty-one and women at the age of eighteen years. He claimed that in case of an over-production in population, crime, insurrection, and poverty would insure. Among the many theories advanced by Tolstoi, one is that married people should live in a continued natural way.

There is no doubt that the frequent resorting to preventive means will destroy the health of woman. There is so much danger of septic poisoning which is so prevalent in these cases, with all of its attendant evil effects. If the races are to be strong healthy races, we must have strong and healthy parentage. The nerves are the most affected in this practice.

Woman has little knowledge of the effects on her physical being when she resorts to means of prevention. There are only two things which justify a woman in bringing about an abortion.

The question as to the high cost of living is an erroneous one and must be regulated by Congress so far as the United States are concerned, also by the individuals themselves. Change of community, change of vocation and the proper exercise of thriftiness would in many cases cut down the high cost of

living. As to the crowded communities, people should stretch out into the country. There are thousands of acres of land lying idle that would support everyone who claims that as a curse.

If we are to preserve the health of our women and check the immoral influences which arise from this practice, we must agitate against the practice.

Now, the minister has a great opportunity of getting statistics on this matter. By keeping a record of the marriages per year and noting the children born to these people, he can tell very near what is going on. Also to get the difference between the upper and lower classes, he can make the same notation, and find out which class is the more to blame.

And now, my friends, this is a delicate subject to discuss, but I think the danger that is threatening us should cause us to put aside modesty and look the facts squarely in the face and engage in our fight against it. Some might think the Negro's part as an integral of the nation plays a very insignificant part, but let that be as it may, the natural law of time will take care of that. Let us do our duty.

It is a fact that we want to maintain a hard, healthy race, and by the law of inheritance, a weak race physically and mentally cannot reproduce a strong, healthy race. To preserve our strength and health, it is very necessary to desist from everything which tends to lower and weaken our vitality.

Gloom spells trouble. Trouble spells failure. Men who fail are gloomy.

Cheer is an asset. Gloom is a liability. It is good business to associate with men who are solvent. Be cheerful—as a business proposition.—“System.”

Seven hours' good, sound, sweet sleep will do you a deal more good than ten hours' tumbling and tossing. And sleep that comes as a privilege after good work well done is always sweet.—Dr. F. M. Planck.

ANTIGENS, AMBOCEPTORS AND COMPLEMENTS—THEIR RELATION TO THE CELLS OF LIVING ORGANISMS

By J. H. HOLMAN, M. D.
NASHVILLE, TENNESSEE

This is a subject about which there is a considerable amount of discussion, also one about which but little is definitely known. It is a fact, however, that when any foreign substance is placed into a living organism, the cells of the organism begin to throw off antibodies, which react with the substance introduced. These reacting bodies have received the name, "amboceptors." The bodies introduced, which produced the condition necessary for the cells to throw off the amboceptors, have received the name, "antigen." The antigen and amboceptors will not react unless a third body is present in the organism; this body has received the name, "complement." The complement is present in all organisms, in two conditions, labile and stable. When the complement, antigen, and amboceptor are present, and the body temperature is kept up, there will be a fixing of the complement to the antigen and amboceptor, and no harm will be done the organism in which they are present; this is the ideal condition aimed at in drug treatment, and has been realized in many serum treatments. The good result is obtained through a condition known as "lysis." This term is applicable to many kinds of cells, hence it is spoken of as cytolysis. We are unable to know when the complement is bound in the system of cytolysis, until we introduce an index for that purpose. This index is the hemolytic system of lysis. This system is based on the same principles as the cytolytic system, the reason that it is used lies in the fact that when the red cells are

torn down they liberate their coloring matter and this colors the fluid. This is our index, telling whether the complement was bound or unbound in the first incubation. If the complement was bound in the first incubation we have no hemolysis; if unbound we have hemolysis. In the case of drug treatment we have the same principles, but not the same index; the index in this case is the falling of the temperature and a general recovery from the malady.

Some amboceptors are neutralizers and some sensitizers. In the case of diphtheria they are neutralizers, and in the case of hemolysis they are sensitizers. Each amboceptor is specific; that is, each antigen produces its own amboceptor. This being true, we will be forced to modify materially our view as to the action of drugs in the treatment of diseases.

Since everything acts as antigen, then drugs are only antigens, and can do nothing more than bring out antigens for the drug in question. In order for a drug to be of any service in the treatment of diseases, it must bring out an antigen similar to the one produced by the invading organism. It is possible, however, for a drug to bring out antigens so near related, that for practical purposes the result would be the same as if you had introduced the serum loaded with the special amboceptors of that infection. Lloyd's experiment with lobelia bears out this statement. In his experiment he shows that lobelia has the same effect on diphtheria as does the diphtheria antitoxin. Hektone gives us a list of antigens in which he includes

nearly all vegetable and some animal drugs. Alkaloids and toxins are both of vegetable origin; what general principles are true of one will be more or less true of the other. We will cite the action of tetanus bacillus and its action on the animal, and strychnine and its action on the animal. One is a species of bacteria, the other a tree; but observe the action of the toxins of the tetanus bacillus and the action of the alkaloid of the plant producing strychnine. There is a difference of combining power of the various amboceptors. This may account for the difference in manifestation of symptoms produced by the various drugs and serums. Up to now, there has been no antibodies of strychnine put on the market, but there has been for tetanus. The tetanic serum, if used in time, will serve as a preventative of spasms of tetanus. The experiments on animals for immunity against strychnine have been disappointing. I here cite a series of experiments carried on in my laboratory, in order to discover how drugs act.

Experiment No. I.

We inoculated a pigeon with the serum of a rabbit that had been immuned against staphylococci, after which we were unable to infect the bird with a pure culture of staphylococci.

Experiment No. II.

We used a second bird, using increasing dose of strychnine sulphate, until we could administer 1-4 gr. without harm to the animal.

Experiment No. III.

A third bird was injected with 1-4 gr. of strychnine sulphate, and when the symptoms reached a maximum, we introduced the whole blood from the second bird; the animal recovered. (The dose of whole was 2cc.)

Experiment No. IV.

A fourth bird was injected with the

serum of the second bird, then a dose of strychnine administered, 1-4 gr. The animal experienced no evil results.

Experiment No. V.

It will be remembered that frogs are peculiarly susceptible to strychnine poison. We used two in our work. We introduced into the circulation of the frog 1-16 grain of strychnine sulphate; after the signs of poisoning had appeared, we introduced the whole blood of pigeon No. 2. The frog recovered from the effect of the strychnine.

Experiment No. VI.

The second frog was injected with the inactivated serum of the immune bird, then injected with the fatal dose of the drug. No ill effect, even after 48 hours after the experiment; but at the end of twelve hours more the frog went into tetanic spasms and died.

Recent experiments on drug action have thrown much light on the subject. Phosphorus has the power of increasing the opsonic index of certain bacterial infected individuals. Nuclein has the power to increase phagocytosis.

Explanation of Experiments

The rabbit and bird were selected in the first experiment, because they are not of the same species. The serum of different species are used with no evil results.

From all experimental knowledge drugs must be directed to the formation of amboceptors. We used the second bird, because birds are naturally immuned against strychnine. We used the third bird to show that no animal is immuned to a large dose of the alkaloid. We used the fourth to show that an immune serum can be used either before or after the infection. We used the two frogs to show that antibodies can be produced for any drug, taking the one in question as a type for all.

Conclusions

We contend that drugs act as antigens, bringing out amboceptors. We hold that all drug action is directed at the cell protoplasm, in bringing out the specific antibody, and if there is an improvement in the patient as the result of the drug action, it is on

the account of the similarity of the antibodies between the causative agent and the antibodies of the drug used. We hold that the serum treatment will be the only rational treatment in the future, and if drugs are to hold the place they now hold in the minds of the public and scientific minds we must know more of the methods of their actions.

LARVAL MALARIA

*BY W. M. EDWARDS, M. D.

CHARLESTON, SOUTH CAROLINA

I. Incidence of Malaria

Outside of distinctively cold climates, malaria is universal, and is not only found in tropical and subtropical climates. Wherever conditions are such as to favor the existence of the anopholes mosquito and the plasmodium malariae the affection is possible. Accumulations of stagnant water in large or small quantities, and darkness, are probably the prerequisites for the existence of malaria.

The victim is stung or bitten by the mosquito usually between sunset when the shades of night begin to fall, or after the lights have been extinguished for bedtime.

II. Varieties of Malarial Fever

It is not my intention to discourse on the classical forms of malaria so often encountered—the continuous, remittent, intermittent, cachexial, and pernicious varieties—but to call attention to a variety that commonly occurs in my practice in Charleston, S. C.

Making five or six trips to a neighboring island, I found malaria the principal common ailment there, and its diagnosis easy from the clearly and well-defined clinical symptoms in the order of

1. Chill, usually well marked, though of varying severity and lasting for va-

rying periods of time, followed by

2. Fever of varying intensity as well as duration, then

3. Sweating, usually copious.

Even though the patients were usually among those who had no claim to any academic wisdom, yet the history was always clear to warrant the diagnosis. Besides, a few stiff doses of quinine usually brought about a cessation of the condition.

In Charleston, however, I have seldom had such a typical history except the patient was an itinerant, while the variety constantly encountered is rather of the larval kind, which kind assumes the appearance of another disease with which it has little or no analogy; for instance, neuralgia, or neurosis.

III. Larval Malaria

Larval malaria assumes the appearance of another kind of disease with which it has little or no analogy.

1. Occurrence

Larval malaria occurs very largely in children whose only complaint may be a regularly recurring pain at the umbilicus, right iliac fossa, or epigastrium. Sometimes a periodic malaise, after which the child seems all right, is all the ailment. A stubborn bronchitis is sometimes associated. A slight rise of

*Read at meeting of National Medical Association, at Nashville, Tennessee, August, 1913.

temperature may or may not occur. The slight symptoms may take place at any time during the day. In older people there may be a complaint of spells of dizziness at intervals, or of headache coming on regularly after mid-day or on getting up in the morning, or of a recurring neuralgia, or of flashes of heat. By far, the commonest complaint in adults is the recurring headache or neuralgia, which, without thorough and adequate investigation, is liable to let one fall into the error of prescribing mercury and potassium iodide, or of administering one of Ehrlich's recent innovations.

2. Diagnosis

One has to think of the protean syphilis, of heart affections, of ear affections,

of influenza, of tuberculosis, of brain pressure. Differential diagnosis, or diagnosis by exhaustion has to be relied on, for there is no clinical entity, nor is the blood examination always able to clear a diagnosis, whether it is because there is no regular chill when it is held the sporozoites enter the blood or because the changes in the red blood-cells are not so marked and hence not so easily discernible. Periodicity is the clue.

Quinine after varying intervals usually tells the tale, and if the condition is stubborn and does not yield to quinine, some preparation of cinchona—preferably cinchonidine salicylate—brings good results.

EDITOR'S REPORT

"Time rolls his ceaseless course."

The cycles of our lives increase in celerity with increasing years. Tempus fugit. It seems but yesterday that I first addressed you about the Journal, yet this meeting furnishes material for the last number of Volume 5. The Journal is five years old, and the editor and his associates have served solely for the love of the work.

We have built a periodical that deserves to live—a periodical that has won the respect of medical editors, and has a splendid list of exchanges, is read and quoted in the libraries of the country. It should be sustained by the profession.

The managing office needs better financial support. I have been to a cash expense of \$75.00 of my own money for the Journal since our last meeting; this, in addition to more hours of labor than I care to express, or you would imagine. I think a provision should be made for at least \$100.00 a year for office ex-

penses (stenographer, stamps, office supplies, stationery, etc.), for the editor, and some kind of a salary attached to the office. Also expenses for the associate editors. This would give interest and zest to the work as well as greatly help the National Medical Association. I think this session should take these necessary steps to put the Journal on a permanent business basis.

Harmony has prevailed in the staff, and each has done the best he could, the brunt of the work falling, as usual, upon Dr. Kenney and myself. I wish, however, especially to commend the excellent work of Drs. Brown and Daily.

The following is the staff as now constituted: C. V. Roman, M. D., Editor; J. A. Kenney, M. D., Managing Editor; W. G. Alexander, M. D., and U. G. Daily, M. D., Associate Editors; H. B. Marble, Phar. D., Pharmaceutical Editor; R. C. Brown, D. D. S., Dental Editor.

I submit herewith publishers' bids

that you may have some idea of the expense of printing and mailing.

I am sure that no one but those with experience in this line can appreciate how much time and work is involved in the editorial supervision and management of a publication like this. Labors that might be greatly lightened if contributors would prepare manuscripts with more care, having them typewritten on one side only, and correctly spelled, etc. Many good papers have to be reconstructed to be printable.

What can I say of men who will not answer a letter? Words fail me! I leave that task to the managing editor who will furnish you the financial data.

In conclusion, may a kind Providence

give you wisdom and patriotism to provide for the continued life of a publication that is of dire need to the race and that represents five years of unrequited toil of the editors, whose labors have not always escaped the activities of those who prefer to hinder by knocking rather than to help by boosting. Our work has not been faultless, but we have done the best we could.

But enough, I pray you, gentlemen.

"Don't laugh at those that make mistakes and stumble by the way,
For you are apt to follow them, and almost any day;
Don't think the others shifting sand while you are solid rock,
And don't forget, for Heaven's sake, that any fool can knock."

A Litany for Doctors

From too few patients and from too many patients; from hypodermic syringes that won't work; from book agents; from consultants who steal our cases; from rheumatism; from collecting agencies; from stupid nurses; from people who are going to pay for visits next Saturday night; from antikamnia calendars; from tire troubles and Christian Scientists—good Lord, deliver us.

From the people who begin their letters to us, "Dear Sir"; from static machines in damp weather; from boils on the back of the neck; from debts and detail men; from anti-vivisectionists; from nurses who know more than we do; from "cures" for tuberculosis; from "textbook" papers; from incurable cases of imaginary disease; from Bernarr McFaddists; from tag days; from new methods for administering salvarsan; from "automobile" fractures; from in-

fant foods; from anti-vaccinationists; from nature curers; from Immanuel Movers and the treponema pallida—good Lord, deliver us.

From the people who call us "Doc"; from malpractice suits and dead beats; from gossips; from overly-grateful female patients; from pretty nurses and jealous wives; from the doctor who succeeds us in a case; from the "wrong number" mistake; from consultations by telephone; from the counter-prescribing druggist; from the man who wants us to help his lady friend out of trouble; from calls at 2 a. m.; from shoulder presentations; from optometrists and engine trouble; from the man who "cannot add anything to the paper, but merely wants to compliment the essayist"; from meta-amidophenylparamethoxychinolin; from New Thoughters and mining stocks; from breaking catgut; from neurasthenics, and from "the sponge we left behind us"—good Lord, deliver us. Amen.—R. R., in Lancet-Clinic.

WANTED: GOOD MEDICAL LITERATURE

"Medicine," says Bacon, in his *Advancement of Learning*, "is a science which hath been more professed than labored, and yet more labored than advanced; the labor having been, in my judgment, rather in a circle than in progression, for I find much iteration, but small addition."

At no time, and upon no occasion, do we realize the shrewdness of the philosopher's comment quite so keenly as when we peruse current medical literature—the text-books and magazines that follow each other in such painful profusion! Such rehashing! Such repetition! Such poll-parrot mimicry! No wonder an older philosopher than Bacon complained that "much reading is a weariness to the flesh"; or that a still more ancient one should have prayed, as the limit of malevolence, "Oh, that mine enemy would write a book!"

Unfortunately, the sheer tiresomeness of multiplication, as it is upon the nerves, is not the worst feature of the matter. The most regrettable effect of this thing that Shakespeare calls "damn'd iteration" is that it deceives—no, we take that back, it deceives nobody; but it cajoles the unthinking student and practitioner into credulity with a semblance of authority, on the principle that if one says a thing often enough and loudly enough, one can make everybody believe it.

The text-books of practice, for instance, with owl-like solemnity reproduce page after page of stereotyped patter that everyone knows is half obsolete and all guesswork; yet it is accepted as medical gospel, because it is

"in the book." Somebody who is nobody—usually some medico-literary hack (for they exist in medical as well as in popular literature)—turns out a penny-a-liner article or report, or, "communication," with about as much regard for truth as gentlemen who live by their pen generally manifest. Straightway some journal, hungry for "copy," prints it with a prominence which would once have staggered us, but we are now long past the staggering point. Whereupon hundreds of journals, equally hungry for "fillers," reprint it, and, as Kipling says, tre-print it. No one ever takes the trouble to trace it to its source, but everyone swallows it simply because it is served up to them for breakfast, dinner and supper until they do.

The unpleasant but indisputable truth is, nine-tenths of our boasted "science" especially in its current aspects—is just gossip, and nothing else. Some few months ago the newspapers all printed the news—to which half a column of headline and leaded nine-point was devoted, of the death of a \$100,000 dog. One newspaper man, with a little longer nose than the rest, took it into his head to run the incident to earth, and found that the owner of the deceased dog had once received a telegram from a friend proposing to buy the animal, to which the owner had replied, also by wire, that he "would not sell the dog for \$100,000." "And that," said this last newspaper, "is the way \$100,000 dogs are made." By the same token, many and many a "medical axiom" is established by a similar process.—The Medical Brief.

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This cut represents the official emblem of our organization. It is made in rolled plate quality hard enameled with blue back-ground and costs seventy-five cents and one dollar. Each member is requested to purchase one. It may be procured from the General Secretary on receipt of price.

The Fifteenth Annual Session of the National Medical Association opened auspiciously at 10:00 a. m., in the auditorium of Meharry Medical College, Nashville, Tenn., August 26th, 1913, with more than twenty states and the West Indies represented.

The public meetings taxed the capacity of the buildings wherein they were held.

As a prelude to the sessions of the N. M. A., a public health day was observed throughout the city Sunday, August 24th, when the pulpits of Nashville were filled by the members of the Local profession. This was a decided "hit" and aroused the interest of the citizens of Nashville in the meeting. This interest never flagged.

The Meharry Re-union in the Auditorium Monday night, the Welcome Exercises at Spruce Street Baptist Church, Tuesday night, the public meeting at St. Paul A. M. E. Church, Wednesday night were all attended by appreciative audiences that taxed the seating capacity of these spacious structures.

The Social functions were numerous and much enjoyed by the visitors, but were so timed and arranged as not to interfere with the business of the Association. The Smoker at beautiful Greenwood Park, for the gentlemen, the reception in the parlors of Hubbard Hospital, to the ladies, and the trolley ride over the city, for all, were general social features enjoyed by all.

Individual social functions were numerous, elegant, and much enjoyed. Possibly the most important of these was the informal dinner of the Editorial Staff of the Journal, at the home of the editor, the first time the Staff has ever been together, though the Journal is five years old.

The general and sectional meetings were enthusiastic and well attended. The papers showed not only increasing care on the part of the essayists appearing before the Association, but increasing ability also.

The Clinics, especially the surgical, showed increasing number and ability among the prominent practitioners and surgeons.

It would be better, however, if more attention were paid to diagnosis and fewer operations done. It would also be better, except under special conditions, that the operations be done by the Local surgeons for the entertainment, instruction, and criticism of the visitors.

Medical Clinics should be given greater care. They are quite as important, though not so spectacular, as the surgical clinics.

The most notable features of the meeting were:

- a. The absence of complaints.
- b. The general good feeling among the delegates and the intense interest in the proceedings of the Association.
- c. The determination to support the Journal.
- d. Removing the ban against dentists and pharmacists as to the presidency and stipulating that five years continuous active membership as a preliminary requisite to eligibility to the presidency.

The most notable personalities at the meeting were the venerable Dean of Meharry, Dr. Geo. W. Hubbard, and the distinguished surgeon, Dr. Dan. Williams, of Chicago.

The most inquired-after absentees were Drs. Geo. C. Hall and A. W. Williams, of Chicago, and our ex-presidents, Curtis, Gamble, Johnson, Mossell, Jones, and Wheatland.

The following states were represented:

District of Columbia, Colorado, Alabama, Arkansas, Florida, Illinois, Kentucky, Georgia, Kansas, Indiana, Mississippi, Minnesota, Missouri, Louisiana, New Jersey, North Carolina, Rhode Island, South Carolina, Texas, Virginia, West Virginia, West Indies, and Tennessee.

Dr. A. M. Brown, of Birmingham, Ala., was elected president, and Dr. W. G. Alexander, of Orange, N. J., was re-elected secretary.

Raleigh, N. C., was selected for the next meeting place.

The session, all told, was what it should have been—the best in the history of the Association.

OBITER DICTA

Physical Efficiency is a Factor in Success. The fundamental postulate of any career is existence. A man must BE before he can be anything.

* * * *

It is considered impolite to talk shop, yet a man can talk most interestingly and instructively upon that which he knows best.

* * * *

Truth is a unit, and the different lines of study are but different lines of approach. It is sometimes helpful and illuminating to get a view from the other fellow's angle.

* * * *

To the conscientious and able, the cares of office are greater than the honors.

* * * *

Those that make good seldom make complaint.

* * * *

Humanitarianism takes strange turns. The imagined torturing of dogs in a laboratory arouses more humane activity than the actual torturing of men in prison, as is recently illustrated by the careless roasting of 35 prisoners in Mississippi and the deliberate suffocation of nearly half a score of convicts in Texas.

* * * *

The fugitive slave from the South

There are men and classes of men that stand above the common herd: the soldier, the sailor and the shepherd not infrequently; the artist rarely; rarer still the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only remembered to be marveled at in history, he will be thought to have shared as little as any in the defects of the pe-

created the abolitionist of the North. Legitimate effort brings help.

* * * *

Enthusiasm for reform is effective in proportion to the accuracy and fulness of the reformer's knowledge of the conditions to be met.

* * * *

Ethical standards vary with age and locality. In the early Northern colonies of this country it was much more dangerous to go astray in exegesis than in morals; as later in Texas it was less dangerous to kill a man than to steal a horse.

* * * *

A knowledge of facts should be seconded by a knowledge of men.

* * * *

A euphonious word is often made to cover the uncertainties of current information. Euphony is a pleasant quality in language, but is a poor substitute for fact. The recent incorporation into the terminology of medicine of the military, mobilize, has not illuminated the etiologic uncertainties and perplexing problems of the uric acid question. 'Tis a serious blunder in thinking, to accept verbosity for information.

* * * *

Thoroughness plus enthusiasm, plus patience, plus persistence, equals success. TRY IT.

riod and most notably exhibited the virtues of the race. Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried, in a thousand embarrassments; and what are more important, Herculean cheerfulness and courage. So it is that he brings air and cheer to the sick room, and often enough, though not so often as he wishes, brings healing.—Robert Louis Stevenson.

SKETCHES FROM LIFE

"A tale should be judicious, clear, succinct;
The language plain, and incidents well linked;
Tell not as new, what everybody knows.
And, new or old, still hasten to a close;
There, centering in a focus round and neat,
Let all your rays of information meet"

"I took three confound frolic pills. Dey sure goes froo all your veins," was a patient's explanation of failure to keep an appointment with his physician.

THREE WILSON STORIES

The current number of Collier's Weekly gives the following as three stories told by President Wilson:

A friend of mine was in Canada with a fishing party, and one member of the party was imprudent enough to sample some whiskey that was called "Squirrel" whiskey, because it made those who drank it inclined to climb a tree. This gentleman imbibed too much of this dangerous liquor, and the consequence was that when he went to the train to go with the rest of the company he took a train bound south instead of the train bound north. Wishing to recover him, his companions telegraphed the conductor of the south-bound train: "Send short man, named Johnson, back for the north-bound train. He is intoxicated." Presently they got a reply from the conductor: "Further particulars needed. There are thirteen men on the train who don't know either their name or their destination."

"I AIN'T NEVER GIVE NOBODY AWAY YIT"

A man got into a cab at the Richmond railway station and said: "Drive me to a haberdasher's."

"Yaas, suh," said the driver, whipping up his horses, and drove a block; then, leaning over to address his passenger, said: "Scuse me, boss, but whar d'you say you want go?"

"To a haberdasher's."

"Yaas, suh; yaas, suh." After another block there was the same performance: "Scuse me, boss, but whar d'you say you want go?"

"To a haberdasher's," was the impatient reply.

Then came the final appeal:

"Now, look a-here, boss; I be'n drivin' in dis town twenty years, an' I ain't never give nobody away yit. Now you jes tell dis nigger whar 'tis you want go."

POLK MILLER'S STORY OF THE DARKY AND THE MULE

An old Negro went into a drug store in Richmond and said: "Boss, will you please, suh, call de Colonel on de telephone?"

"Yes," and he called the Colonel. The old darky said: "Colonel, dat ar mule done stall right in de main street right out here in front of de store."

"Yaas, suh; I—I done tied strings round his ears, but he didn't budge."

"What's dat? What's dat? Yaas, suh, I build a fire under him, but it didn't do nuthin' but scorch de harness."

"Yaas, suh; yaas, suh; I took the things out, but he wouldn't budge."

"Yaas, suh; yaas, suh. What's dat?"

"No, suh; no, suh, Colonel, I didn't twist his tail."

"Yaas, suh; yaas, suh, another gemman twis' his tail; he look like a Northern gemman."

"What's dat, Colonel? Yaas, suh, dey tuk him to de hospital."

"No, suh; no, suh; I ain't heard yit."

THE TIE THAT BOUND

(Cleveland Plain Dealer)

Archeologists have discovered the palace of Jezebel, who, it will be remembered, was an ancient dame of uncertain temper, mostly bad. In the palace the grubbers found more than 5,000 cooking utensils, which might go to show that, despite her violent outbreaks, the ancient dame was a good cook and a provident housekeeper.

And this suggests a Lincoln story.

When the Great Emancipator was practicing law in Springfield a client came to him

and wanted to know if something couldn't be done to protect him from his wife. He said she locked him out nights, threw dishes at him and battered him up with a club. She scolded him day and night and consistently and continuously made life miserable for him.

"Have you thought of getting a divorce?" inquired Lincoln.

"No, no; I don't want a divorce. Why, I wouldn't leave the old woman for anything."

"You wouldn't! After all that abuse? And why not?"

"Because, Squire, that old woman of mine can make the best flapjacks in Sangamon County!"

A RECIPE FOR SANITY

Are you worsted in a fight?

Laugh it off.

Are you cheated of your right?

Laugh it off.

Don't make tragedy of trifles,

Don't shoot butterflies with rifles—

Laugh it off.

Does your work get into kinks?

Laugh it off.

Are you near all sorts of brinks?

Laugh it off.

If it's sanity you're after,

There's no recipe like laughter—

Laugh it off.

THE HAS AND THE ARE

I'd rather be a Could Be

If I could not be an Are;

For a Could Be is a May Be,

With a chance of touching par.

I'd rather be a Has Been

Than a Might Have Been, by far;

For a Might Have Been has never been,

But a Has was once an Are.

—Ladies' Home Journal.

HIS PAYMENT

The bright little surgery at the rear of the doctor's house was occupied by two—the medical man and a patient who was being attended to for the last time, seeing that he had got over his illness.

"Yes, sir," said the doctor, "you're all right now. You needn't come here again."

"But, sir," remarked the patient, "vot about der bill? I ain't got mooch money. Vill you dake der bill out in trade?"

The sawbones looked the man up and down.

"Well, I might do so," he replied. "What is your business?"

"I am der leader of der little Cherman band, sair. Ve vill play in front of your house every evening for von month.—Detroit Free Press.

TO STRUGGLE ON

(T. Wenryss Reid)

If plunging winds and beating rain

Call me to battle, but in vain,

Or if I am afraid to rise

And bear a burden of grey skies,

Then to my sick heart requiem give,

I am too poor a thing to live.

If hands of mine forget to pray

And torn feet fear a stony way,

My heart grows weary of the quest

And long for an untimely rest—

Then cross my hands and let me be,

Life is too fierce and sweet for me.

If open lands and windy skies

Wake not new wonders in mine eyes,

Or through the goodly world I go

And love no friend and hate no foe—

Then, though my destined days abound,

Let me be lying under ground.

But while I love the wind that blows,

And scent a mystery in a rose;

Or while my torn feet do not tire,

And heart of mine seeks high desire—

Then, though a spectra, gaunt and wan,

God, give me strength to struggle on.

HE FEARED EXCITEMENT

(Kansas City Star)

The departments in Washington receive some queer letters. Below is given verbatim a letter received last November by the bureau that has charge of the bonds of mail contractors from a man who wished to get off a bond. It is unique. The last sentence contains a valuable suggestion to others who dislike to receive disagreeable news, especially on business matters. The letter tells how he signed the bond merely to oblige a friend, and then continues with this personal history:

"i Risk My life to go to the lection this fall. i have Done all i can for you Office Men at the White House. So i Wood like if you office Men Wood git me out of trouble so i cod Rest i haint Work one Day for 13 years on account of Palpitation of the Heart Some times i

can't bear the clock Strike So you no My heart is Weak you office Men Do all you can to git Mee out of trouble. if they had tolld Mee the letten Was 4 year i never Wood Sind the bond I thought it Was 1 year So I Was told when you Rite Dont Rite any thing that Will excite Mee it Will Fly to My Heart."

JABE'S COURAGE WAS RENEWED

"Jabe Mathis," said General Longstreet, "of the Thirteenth Georgia, was a good soldier, but one day, when the Confederates were retreating from the gory field of Gettysburg, Jabe threw his musket on the ground, seated himself by the roadside and exclaimed with vehemence: 'I'll bedoggonned if I walk another step. I can't do it.' And Jabe was the picture of despair.

"'Git up, man,' exclaimed the captain, 'don't you know the Yankees are following us? They'll get you sure.'

"'Can't help it,' said Jabe; 'I'm done for; I'll not march another step!'

"The Confederates passed along over the crest of a hill and lost sight of poor, dejected Jabe. In a moment there was a fresh rattle of musketry and a renewed crash of shells. Suddenly Jabe appeared on the crest of the hill, moving with hurricane swiftness and followed by a cloud of dust. As he dashed by his captain that officer said:

"'Hello, Jabe, thought you wasn't going to march any more?'

"'Thunder!' replied Jabe, as he hit the dust with renewed vigor, 'you don't call this marching do you?'"—Kansas City Star.

DEAD AT HIS POST

Here's one of Ed. Williams' latest Swedish stories:

A farmer engaged a Swedish youth new to this country and informed him that he would be expected to be on the job each morning at 4 sharp. The "hand" failed to show up on time and the farmer threatened to discharge him. Then the "hand" invested in an alarm clock, and for some time everything went along nicely. Then he got into the field fifteen minutes late one morning. The farmer immediately discharged him, in spite of his protestations that it was his alarm clock that was to blame.

Sadly returning to his room the discharged employe determined to ascertain the cause of his downfall. He had taken the alarm clock

to pieces when he discovered a dead cockroach in the working.

"Well," he soliloquized, "Ay tank it bane no wonder the clock wouldn't run—the engineer bane daid."

STRIDES OF SCIENCE

There was a thin and nervous woman who could not sleep. She visited her physician, and he said:

"Did you eat anything just before going to bed?"

"Oh, no, doctor," the patient replied.

"Well," said the physician, "just keep a glass of milk and some biscuit beside you, and every night the last thing you do, make a light meal."

"But, doctor," cried the lady, "you told me on no account to eat anything before retiring."

"Pooh, pooh," said the doctor. "that was three months ago. Science has made enormous strides since then."—Philadelphia Record.

THE EARLY BEGINNING OF PRESENT-DAY BIASED NEWSPAPER SENSATIONALISM

One day while the late Senator Hearst, father of William Randolph Hearst, the publisher, was a young man and yet had his fortune to make, he and a few companions were on a prospecting tour. Along in the afternoon they sighted a band of Indians, and as in those days all Indians were hostile, Mr. Hearst and his friends naturally wanted to get away from there. All the prospectors except the future Senator were mounted on horses. Mr. Hearst was on a retired army mule and soon found himself in the rear.

The Indians were on his trail and things began to look serious when he called out to his rapidly-disappearing companions: "Hold on, boys; there's only a few of them—we needn't be afraid."

Just then the mule scented the approaching Indians and with a wild snort started out with a gait that soon left the horsemen far behind. When Hearst was about a quarter of a mile in advance he turned in his saddle and yelled at the top of his voice:

"Hurry up, boys; you'll get scalped. There's more than a hundred of them."—Kansas City Star.

Bridget: "An' did th' dochtor say yer had pronounced dis'ase?" Pat: "Shure an' he did, begorra, Oi couldn't pronounce it!"

N. M. A. COMMUNICATIONS

Nashville, Tenn., Aug. 26, 1913.

The National Medical Association was called to order in its fifteenth annual session by Dr. C. V. Roman, of Nashville, Tenn., chairman of the local committee. After a few brief remarks, the chairman called on Dr. D. W. Byrd, of Norfolk, who invoked the Divine blessing. Dr. G. W. Hubbard, Dean of Meharry Medical College, and Dr. Dan. H. Williams, of Chicago, Ill., were introduced to the delegates by the chairman. Each of these made short and appropriate remarks, after which the chairman introduced the president, Dr. J. A. Kenney, of Tuskegee Institute, Ala. President Kenney then read his annual address. Dr. D. W. Byrd, of Norfolk, Va., called attention to the constitutional requirement that five (5) members from the floor are to be appointed by the president to confer with the Executive Board. The president then appointed the following members to act in this capacity:

Dr. Byrd, of Norfolk, Va.; Dr. Scott, of Montgomery, Ala.; Dr. Brown, of Richmond, Va.; Dr. Dumas, of Natchez, Miss.; Dr. McFall, of Charleston, S. C.

The following committees were appointed:

CREDENTIALS.—A. A. Wyche, M. D., N. C.; W. T. Watkins, D. D. S., Ala.; G. H. Francis, M. D., Va.

TIME AND PLACE.—J. T. Wilson, M. D., Tenn.; I. A. Lawrence, M. D., N. J.; S. R. Wilson, M. D., Va.

RESOLUTIONS.—O. D. Porter, M. D., Ky.; Val Do. Turner, M. D., Minn.; H. B. Marble, Phar. D., Miss.

OBITUARY.—M. O. Dumas, M. D.,

D. C.; E. W. Smith, D. D. S., N. C.; J. M. Thompson, M. D., S. C.

Adjournment.

The following states were reported as being represented:

Maryland, Virginia, W. Virginia, District of Columbia, New Jersey, North Carolina, South Carolina, Georgia, Florida, Tennessee, Kentucky, Alabama, Mississippi, Ohio, Minnesota, Kansas, Indiana, Missouri, Illinois, Louisiana, Rhode Island.

The secretary called the roll of states and the following responded, giving status in brief of the medical societies in their respective communities:

Dr. L. L. Burwell, Alabama; Dr. D. W. Sherrell, Mississippi; Dr. B. J. Covington, Texas; Dr. F. R. Hargrove, North Carolina; Dr. J. M. Thompson, South Carolina; Dr. G. H. Francis, and Dr. D. C. Brown, Virginia; Dr. E. P. Roberts, New York; Dr. Dumas, District of Columbia (by letter); Dr. Wallace, Louisiana; Dr. Lattimore, Kentucky; Dr. Light, Tennessee; Dr. J. B. Singleton, Nashville, Tenn., for the Rocky City Academy of Medicine and Surgery; Dr. I. A. Lawrence, New Jersey.

Dr. Willis E. Steers, of Decatur, Ala., read a paper entitled "Peritonitis," which was discussed by Drs. Burt, Clarksville, Tenn., Dumas, Washington, D. C., and Johnson, Cuthbert, Ga.

Dr. Townsend, of the local committee, announced that the sectional meetings would be held on Tuesday and Wednesday at 2:30 p. m., as follows: Medical Section, in Meharry Auditorium; Dental and Pharmaceutical Sections in

Pharmaceutical Hall of Meharry College; Surgical Section in Administration Building, Meharry College.

Adjournment.

Wednesday, Aug. 26

Meeting was called to order by the president, Dr. Kenney. Dr. L. L. Burwell, acting as secretary. Invocation by Dr. Porter, of Kentucky. Dr. F. W. Ragland then read the oration on Pharmacy, subject, "Professional and Commercial Pharmacy." The paper was referred to the Executive Board. Dr. Byrd, of Norfolk, raised a question relative to quack doctors who infest the different states casting reflections on the real practitioners of medicine. Dr. Byrd made the following motion: That the National Medical Association will memorialize each state medical association to use its influences to promote legislation against the irregular practice of medicine. The motion was discussed by Drs. Martin, of Tennessee, and Robinson, of Maryland. The motion was carried. At this point, Dr. Lester, of Nashville, introduced Dr. Neal, of the Chair of Medicine of Meharry, who spoke very encouragingly of the work of the colored physicians in his section, and urged those present to keep abreast with the advances in medicine. Dr. L. L. Burwell, of Selma, Ala., then read a paper entitled "Fertility of Woman: Its Effects Physically and Morally Upon the Nation." The paper was discussed by Dr. Turner, of Minnesota, Dr. Wyche, of North Carolina, Cabaniss, of District of Columbia, Gerran, of North Carolina, Walker, of North Carolina.

The discussion was closed by Dr. Burwell. Dr. A. W. Dumas, of Natchez, Mississippi, then read a paper entitled "Vice Disease, Our Social and Economical Peril." The paper was generally discussed in enthusiastic terms by most of the physicians in attendance.

Dr. Walker, of North Carolina, moved that the paper be given to the committee on resolutions for the purpose of having that committee report to the general body the advisability of having printed copies of the paper made, and given out for general distribution. The motion was carried.

Thursday, August 28

The National Medical Association convened at 1:30, with President Kenney presiding. Prayer was offered by T. W. Stevens, of Tennessee. Dr. Belsaw, secretary of the Executive Board, read the report of the Executive Board, also the financial report of the Journal, treasurer and secretary. These reports were adopted unanimously.

Dr. A. W. Williams, of Chicago, was on the program to read a paper, entitled, "The Use of Tuberculine as a Diagnostic and Therapeutic Agent in the Treatment of Tuberculosis." Dr. Williams sent a telegram expressing his inability to be present. The title was then given to the house for discussion. Dr. J. W. Walker, of Asheville, N. C., discussed the paper at length, after which it was freely discussed by other members present.

Dr. H. M. Green, of Knoxville, Tenn., read the report of the Commission on Pellagra. On motion of Dr. Cannon, of New Jersey, a vote of thanks was extended to Dr. Green, and the commission continued for further work and report. Dr. J. C. Robinson, of Maryland, made a report in behalf of his state organization. Dr. I. A. Lawrence, of New Jersey, moved that the Commission on Pellagra be empowered to present a memorial to the National Congress, with reference to the elimination of this disease. Motion carried. Dr. Lawrence moved that the members of the National Medical Association endeavor to carry out the treatment for pellagra recom-

mended by the commission, and report the results of their investigations to the commission.

Invitation was received from Dean Hubbard, requesting the members of the N. M. A. to be present at a reception to be given at Hubbard Hospital from 5 to 7 o'clock. Announcement was made that the House of Delegates would meet immediately following adjournment of this session. President Kenney introduced to the assembly the ex-presidents of the Association who were present now: Dr. Stewart, Nashville, Tenn.; Dr. Noel, Nashville, Tenn.; Dr. Roman, Nashville, Tenn.; Dr. Porter, Bowling Green, Ky.

He also announced that the late Dr. Boyd, of Nashville, had been the first president of the Association.

At this juncture, letters were read from the governor of Minnesota, and from the mayor of St. Paul, extending an invitation to the N. M. A. to meet in that city in 1914. Dr. Val Do Turner, of St. Paul, was allowed two minutes in which to extend an invitation to the convention to hold its session in that city. He stated that the Chamber of Commerce of St. Paul was willing to donate \$500.00 for the entertainment of the Association.

A paper entitled "Ectopic Gestation, report of seven (7) cases" was read by Dr. F. A. Stewart, of Nashville, and discussed by Dr. D. H. Williams, of Chicago.

Adjournment.

Thursday, August 28—Afternoon

The afternoon session was opened with Dr. Kenney, president, in the chair. Prayer was offered by Dr. Haynes, of Georgia.

Dr. G. L. Williams, of Memphis, Tenn., read a paper, entitled "Typhoid Vaccination." The paper was discussed by Drs. Wilson, of Danville, Va.,

Greene, of Knoxville, Tenn., Massey, of Monroe, N. C., Robinson, of Maryland, Austin, of South Carolina, Bandy, of Nashville, and Dumas, of Mississippi. The discussion was closed by Dr. Williams.

Dr. C. V. Roman, editor of the Journal, made a request that a typewritten copy of all papers be submitted to the editor of the Journal for use at the option of the editor.

Telegrams regretting their inability to be present, were read from Drs. Hunter, of Lexington, Ky., Gamble, of W. Virginia, Robinson, of South Carolina, Hayman, of Arkansas, and others.

The president, Dr. Kenney, made a statement on behalf of the Journal, and followed with an appeal for funds with which to defray expenses already incurred, and to further carry on the work without hindrances. His remarks were supplemented by Dr. Roman. Dr. D. H. Williams, of Chicago, suggested that each member of the Association be asked to contribute \$5.00 each year for five years towards the expenses of the publication of the Journal. The following agreed to subscribe each year for five years, the amount indicated:

A. W. Dumas.....	\$10.00
F. S. Hargrove.....	5.00
J. R. Levy.....	5.00
D. H. Williams.....	5.00
A. M. Brown.....	5.00
T. C. Chapman.....	5.00
D. A. Ferguson.....	5.00
J. H. Austin.....	5.00
W. G. Alexander.....	5.00
G. E. Cannon.....	5.00
J. W. Jones.....	5.00
J. E. Perry.....	5.00
T. B. Coleman.....	5.00
J. C. Lowe.....	5.00
J. R. Sheppard.....	5.00
W. F. McCleary.....	5.00
J. A. C. Lattimore.....	5.00

H. M. Green.....	5.00
G. H. Francis.....	5.00
J. M. G. Ramsey.....	5.00
G. W. Cabaniss.....	5.00
E. W. Erving.....	5.00
W. F. Watkins.....	5.00
J. A. McFall.....	5.00
W. H. Johnson.....	5.00
H. L. Boston.....	5.00
A. W. Thompson.....	5.00
J. H. Hale.....	5.00
M. M. Edwards.....	5.00
L. L. Burwell.....	5.00
C. A. Terrill.....	5.00
L. P. Walton.....	5.00
A. W. Davis.....	5.00
J. W. Walker.....	2.50
J. D. Howard.....	5.00
G. R. Ferguson.....	5.00
O. H. Bassett.....	5.00
E. B. Jefferson.....	5.00
E. L. Watkins.....	5.00

\$197.50

The following authorized their names to be put down for \$25.00, with the request that each be drawn on by draft for \$5.00 each year until the full amount was paid:

S. A. O'Neal, Henderson, Ky.; T. L. Jefferson, West Palm Beach, Fla. (Pioneer Bank); S. M. Frazier, Miami, Fla.; W. D. Holder, Jackson, Tenn. (Second National Bank.)

The Committee on Credentials made its report which was adopted.

The Committee on Resolutions made its report, which was adopted.

The Committee on Obituary made its report, which was adopted.

Dr. Belsaw, of Alabama, secretary of the Executive Board, made the final report for that board. The report was adopted.

The following were reported as officers elected by the various sections for the ensuing year:

Surgical Section: N. L. Edwards, M. D., Bluefield, W. Va., President; N. E. Cashin, M. D., Decatur, Ala., Secretary.

Medical Section: J. R. Levy, M. D., Florence, S. C., President; A. A. Tennant, Richmond, Va., Secretary.

Pharmaceutical Section: R. F. White, Phar. G., President; H. B. Marble, Phar. G., Yazoo City, Miss., Secretary.

Dental Section: E. W. Smith, D. D. S., Winston-Salem, N. C., President; A. W. Thompson, D. D. S., Vice-President; A. T. Landers, D. D. S., Tuskegee Institute, Ala., Secretary; S. L. Edwards, D. D. S., Assistant Secretary.

The Committee on Place made a majority report in favor of Raleigh, N. C., as the next place of meeting. The minority report was in favor of St. Louis. Majority report was adopted. The report from the House of Delegates was read, and the following officers declared elected for the ensuing year:

A. M. Brown, M. D., Birmingham, Ala., President.

J. M. G. Ramsey, D. D. S., Richmond, Va., Vice-President.

E. J. LaBranche, Ph. G., New Orleans, La., 2nd Vice-President.

W. G. Alexander, M. D., Orange, N. J., General Secretary.

G. R. Ferguson, Charlottesville, Va., Assistant Secretary.

Drs. Higgins and Belsaw were named to escort the newly elected officers to the rostrum, and each was introduced by the president, Dr. Kenney, in appropriate words. Dr. C. V. Roman, in a short address, eulogized the retiring president.

Adjournment until 1914, at Raleigh, N. C.

Meeting of The House of Delegates

Thursday, August 28, 1913.

The meeting was called to order by Dr. J. R. Levy. On motion Dr. Levy

was made chairman, with Dr. R. C. Brown acting as secretary. The roll was called as follows:

Representing the Medical Section:

Dr. W. G. Alexander, New Jersey
Dr. R. B. Bell, Kentucky
Dr. D. W. Byrd, Virginia
Dr. G. W. Cabaniss, Washington, D. C.
Dr. J. R. Levy, South Carolina
Dr. W. H. Higgins, Rhode Island
Dr. J. W. Walker, North Carolina
Dr. A. A. Wyche, North Carolina

Representing the Surgical Section:

Dr. C. A. Terrell, Tennessee
Dr. W. F. Penn, Georgia
Dr. Val Do Turner, Minnesota
Dr. J. T. Wilson, Tennessee

Representing the Dental Section:

Dr. R. C. Brown, Virginia
Dr. J. C. Johnson, Alabama
Dr. W. E. Lacey, Alabama
Dr. C. O. Lee, North Carolina

Representing the Pharmaceutical Section:

Dr. E. J. LaBranch, Louisiana

The following were unanimously elected as officers for the N. M. A. for the ensuing year:

Dr. A. M. Brown, M. D., Birmingham, Ala., President.

Dr. J. M. G. Ramsey, D. D. S., Richmond, Va., Vice-President.

Dr. E. J. LaBranche, Ph. G., New Orleans, La., 2nd Vice-President.

Dr. W. G. Alexander, M. D., Orange, N. J., General Secretary.

Dr. Geo. R. Ferguson, Charlottesville, Va., Assistant Secretary.

Medical Section

Tuesday, Aug. 26, 1913.

The Medical Section of the National Medical Association was called to order by Dr. George Cabaniss, of Washington, D. C. Minutes of the last session were read by Dr. George R. Ferguson, of Charlottesville, Va. On motion of Dr.

Thomas, of Virginia, the minutes were adopted.

The first paper on the program was read by Dr. W. H. Higgins, of Providence, R. I., subject, "Costiveness and its Causes." The paper was discussed by Drs. Walker, of Asheville, N. C., Holman, of Nashville, Tenn., Cabaniss, of Washington. The discussion was closed by Dr. Higgins.

Dr. A. A. Wyche, of Charlottesville, N. C., read a paper entitled "Typhoid Fever." The paper was discussed by Drs. Massey, of Monroe, N. C., Byrd, of Norfolk, Va., Walker, of Asheville, N. C.; Gerran, of High Point, N. C.; and Jones, of Winston-Salem, N. C. The discussion was closed by Dr. Wyche.

Dr. George E. Cannon, of Jersey City, N. J., read a paper entitled "Dystocia." The paper was discussed by Drs. Turner, of St. Paul, Minn., and Lawrence, of Elizabeth, N. J. The discussion was closed by Dr. Cannon.

Dr. M. M. Edwards, of Charleston, S. C., read a paper entitled "Larval Malaria." The paper was discussed by Dr. Thorne, of Charleston, S. C.

Adjournment.

Wednesday, Aug. 27, 1913.

The meeting was called to order by the chairman, Dr. Levy, of South Carolina. The minutes of the previous sessions were read and adopted. The chairman announced that the election of representatives to the House of Delegates was in order. The following were elected to represent the Medical Section in the House of Delegates:

Dr. Higgins, Providence, R. I.
Dr. Byrd, Norfolk, Va.
Dr. Wyche, Charlottesville, N. C.
Dr. Levy, Florence, S. C.
Dr. Cabaniss, Washington, D. C.
Dr. Walker, Asheville, N. C.
Dr. Alexander, Orange, N. J.
Dr. Bell, Kentucky.

Dr. I. A. Lawrence, of Elizabeth, N. J., read a paper entitled "Pneumonia, Diagnosis and Treatment." The paper was discussed by Drs. Dumas, of Mississippi, Sheppard, of Texas, Cabaniss, of Washington, D. C., and Ferguson, of Charlottesville, Va. The discussion was closed by Dr. Lawrence.

Dr. Baxter, of North Carolina, was on the program to read a paper entitled "Pellagra, Diagnosis, Treatment, and Cure." Dr. Baxter not being present, the subject was given to the house for discussion. The subject was discussed by Drs. Byrd, of Virginia; Dumas, of Mississippi, and Gerran, of North Carolina.

Dr. S. R. Wilson, of Charlottesville, Va., read a paper entitled, "Typhoid Fever, Its Etiology, and Diagnosis."

Dr. A. A. Wyche, of Charlotte, N. C., was elected as the representative of the Medical Section for the Executive Board. After discussion of this paper, the Medical Section adjourned.

Pharmaceutical Section

The Pharmaceutical Section of the National Medical Association held its 7th annual meeting in the Pharmaceutical Assembly Room of the Dental Building of Meharry College, Tuesday, August 26, 1913, at 2:30 p. m.

In the absence of the president of the section, Dr. R. F. White was selected as chairman, and he called the meeting to order. The minutes of the last meeting were read and adopted. The roll was called, and new members were received into membership.

A paper was read by Dr. A. E. Hughes of Clarksville, Texas, subject, "The Relation of Pharmacists to the Public." The paper was discussed by Drs. Sevier, of Nashville, Tenn., and McFall, of Charleston, S. C. Dr. W. M. Sevier, director of the pharmaceutical lab-

oratories of Meharry College, gave an instructive talk on the preparation of pharmaceuticals, counter-prescribing, substitution, and professional ethics.

Discussion was made by Drs. Hughes, Mack, Ragland, White, and McFall.

Dr. E. J. LaBranche, of New Orleans, La., was selected as a representative of the Pharmaceutical Section to the House of Delegates.

Adjournment.

Wednesday, Aug. 27, 1913.

The meeting was called to order by the chairman. On motion an invitation was extended to Dr. Matilda Lloyd to attend the sessions of the Pharmaceutical Section, and to become an honorary member of the section, Dr. Lloyd being the first female graduate in pharmacy at Meharry, finishing her course in 1894.

A paper was read by Dr. E. J. LaBranche, of New Orleans, La., subject, "Progressive Pharmacy." The paper was discussed by Drs. White, Hughes, Ragland, and McFall.

On motion, the representative of the Pharmaceutical Section on the Executive Board was instructed to ask that body for a larger allowance for the pharmaceutical secretary's office, to further the cause of that section.

On motion, a vote of thanks was tendered to Dr. W. M. Sevier for the excellent pharmaceutical exhibits consisting of the National Formulary and United States Pharmacopoeia preparations.

The following officers were elected for the ensuing year:

Dr. R. F. White, Owensboro, Ky., President.

Dr. E. J. LaBranche, New Orleans, La., Vice-President.

Dr. H. B. S. Marble, Yazoo City, Miss., Pharmaceutical Secretary.

Adjournment.

Evening Session

Wednesday, Aug. 27, 1913.

The public meeting was held at St. Paul A. M. E. Church, 4th Ave. South. The meeting was called to order by D. A. Ferguson, D. D. S., vice-president of the N. M. A. The oration on medicine, entitled "The Achievements of Medicine and of the Medical Profession," was delivered by J. R. Levy, M. D., Florence S. C. A symposium on "Mortality" was held, the following subjects being considered: Infant Mortality, Adolescent Mortality, and Middle Life Mortality. These subjects were discussed in the relation of rate, causes, and prevention. Those leading the discussions were, Drs. G. A. Gerran, High Point, N. C.; G. R. Ferguson, Charlottesville, Va.; J. O. Plummer, Raleigh, N. C.

There was a general discussion of the subject by the members present.

Recreation Features

On Tuesday afternoon the members and their friends were given a trolley ride throughout the city of Nashville, and its immediate suburbs. This afforded an excellent opportunity for the members and their friends to get an intimate view of Nashville as a city. On Tuesday evening, immediately following the public meeting, a reception was given by the Algonquin Club for the visiting members of the Association, at the Majestic Theatre. This afforded the visitors an opportunity for meeting, individually, the members of the Association. On Wednesday evening, immediately following the public meeting, a smoker was tendered the visitors at Taylor's Park. On Wednesday afternoon, a reception was tendered the wives of the doctors and their friends, in the Meharry Hospital. On Thursday evening, the banquet and reception was held at Meharry Auditorium.

Evening Session

Tuesday, August 26, 1913.

A public meeting was held at Spruce Street Baptist Church, 8th Ave., North, of which Rev. T. L. Ballow is pastor. The meeting was called to order by the chairman of the local committee, Dr. C. V. Roman, who introduced Dr. J. H. Hale, the master of ceremonies for the evening, Dr. Hale being the president of the Rock City Academy of Medicine and Surgery.

An address in behalf of the city of Nashville was made by the Mayor, Hon. Hillery E. Howes. The mayor, in a short but happy address, extended a hearty welcome in behalf of the city, and extended the keys of the city to the members of the Association. Dr. W. A. Reed made an address of welcome in behalf of the Rock City Academy of Medicine and Surgery. Dr. G. H. Bandy, president of the Volunteer State Medical and Surgical Association, extended a welcome in behalf of the organization. Prof. Ira T. Bryant, secretary of the A. M. E. Sunday School Union, spoke in behalf of the citizens of Nashville, and on part of the ministry the welcome was extended through Rev. W. S. Ellington, pastor of the First Baptist Church.

Responses to these addresses of welcome were delivered by E. T. Belsaw, D. D. S., of Mobile, Ala., and W. F. Penn, M. D., of Atlanta, Ga.

The president of the National Medical Association, Dr. J. A. Kenney, was introduced by the master of ceremonies, and made a brief address. The music for this occasion was rendered by the choir of the church, and the Jubilee Quartette.

Report of Committee on Resolutions

We, your Committee on Resolutions, beg leave to report the following:

Whereas, this, the fifteenth annual meeting

of the National Medical Association, has brought to the great city of Nashville many of our foremost men and women of the profession of the medical, dental, surgical and pharmaceutical sections, and

Whereas, the presence of our representatives in this historic city has been the occasion for the most hearty and general expressions of welcome, on the part of the city of Nashville, by the honorable Mayor, the Board of Trade, the physicians, the ministers, and the laity in general, and

Whereas, we note with inexpressible pride and satisfaction the great and good work being done by the splendid set of officers now directing the course of our medical society, as evidenced by the increasing members in attendance, the widening of the influence for the upbuilding of the profession, and

Whereas, our president, in his recent message, has made such strong and wise recommendations, be it

Resolved, That this society take every available means of expressing our highest appreciation of the various receptions and hearty welcomes we have received on this occasion; to the Dean of Meharry Medical College for the use of the building and grounds; to the Rev. Taylor for Greenwood Park; to the pastor and officers of Spruce Street Baptist Church and St. Paul A. M. E. Church for the use of their beautiful churches; to the various persons who delighted us with their sweet voices; that we especially commend to the consideration of the society the recommendations contained in our president's splendid message:

1st, That the general secretary, on account of his familiarity with the society, be retained in his position as long as possible; 2nd, that stronger efforts be made to place the Journal of the society in the hands of every practicing physician; 3rd, that the subject of electing junior counsellors as set forth in the message, be taken up for careful consideration; 4th, that the National Society of Trained Nurses be encouraged to meet again at the time and place of this society.

Finally, be it

Resolved, That the greatest possible care be exercised in the selection of persons, who shall conduct the surgical and medical clinics at our annual meetings, to the end that the high

purpose of these meetings shall be generally fruitful alike to the physician and the laity.

VAL DO TURNER, M. D.

H. B. MARBLE, Phar. D.

O. D. PORTER, M. D.

Committee on Obituary

Whereas, the National Medical Association has learned, with deep sorrow, of the deaths of Dr. J. E. Cabaniss, of New York City, N. Y. Dr. J. E. Wimbush, of Atlantic City, N. J. Dr. A. C. McClellan, of Charleston, S. C. Dr. John R. Francis, of Washington, D. C. Dr. S. H. Washington, of Montgomery, Ala. and

Whereas, the Association feels that it has sustained an irreparable loss in the deaths of said members, be it

Resolved, That these deaths be chronicled in our minutes, and a copy of this resolution be forwarded to their respective families.

M. O. DUMAS, M. D.

J. M. THOMPSON, M. D.

EDWARD W. SMITH, D. D. S.

Report of Committee on Place

We, your Committee on Place, after having considered the relative merits of the various places proposed as meeting places for the next session of the National Medical Association, beg leave to submit the following report:

We have received invitations from the Chamber of Commerce of New York City, the Board of Trade of Chicago, the Board of Trade of St. Louis, the Convention Bureau of St. Louis, the mayor of St. Louis, the Sales Managers' Association, of St. Louis, and the Merchants Exchange, of St. Louis. These invitations were supplemented by an invitation extended through a delegation of doctors from St. Louis, and by the president of the State Medical Association. Further invitations were received from the governor of Minnesota, the mayor of St. Paul, and a representative of the profession from that city. An invitation was also received from Atlanta, Ga., and another from the Chamber of Commerce at Raleigh, N. C.; this invitation was supplemented by an invitation extended by a large delegation of graduates of Leonard Medical College, and members of the profession in the State of North Carolina.

After having considered carefully these various invitations, we have decided in favor of Raleigh, N. C., as the most desirable place

for holding the next session of the National Medical Association.

Respectfully yours,
J. T. WILSON, M. D.
S. R. WILSON, M. D.
I. A. LAWRENCE, M. D.

"Fertility of Woman"

Dr. Val Do Turner

Mr. Chairman:

I heard only a part of the paper. In answer to the question asked, I think I can safely make this statement: As a rule the male is never sterile unless he has been attacked by some disease in after-life; that is, after he has reached manhood. Now, that being true, where that disease exists, inflammation extends up into the spermatic cord. There will be swelling and pain; adhesion takes place, causing other complications, preventing impregnation. An operation is then necessary.

Dr. A. A. Wyche

There are so many cases where young men go to the physicians and they pronounce them curable. There are very few, perhaps 75 or 85 per cent of all the cases of gonorrhoea never cured. Though a great many think they are cured, having in the majority of cases been told so by a physician. Thus gonorrhoea is lying there dormant. Hence, as has been said, gonorrhoea and syphilis produce sterility more than anything else; and, in my opinion, once sterile, sterile forever.

Dr. J. W. Walker

The question is not how sterility is produced. In the eastern countries it is very prevalent, and it is now coming to this country. It is prevalent among white people more so than colored. I have had both white and colored women come to me asking me to produce abortion. The idea is, how to discourage that; letting them know that danger may befall this, and that it will bring

about sterility. Now, then, all of our women are not that way. It is far less so among the colored women than the white. Hence, we must protect our women, and the physician is the man to do so.

"Vice Disease, Our Social and Economic Peril"

Dr. Turner

There is just one impression I want to leave which I have had in mind for a year; something I have found out from investigation. The impression has gone out that clap and gonorrhoea originate with Negroes. I have investigated just to what per cent the white people are infected with those diseases. I was connected with two hospitals this year; in one there was only one colored patient during the whole year. Fifty per cent of the people who came in gave history of having had gonorrhoea. So we don't want to carry this idea that only Negroes have those two diseases. A white man in St. Louis a few days ago said: "Instead of being civilized, the Negroes have been syphilized." But this is untrue.

Dr. White

I wish to commend the very excellent paper of Dr. Dumas. I believe we have suffered a great deal for not taking such a stand against intemperance in the modern forms of dress. We cannot expect to save anything we have as long as woman's dress excites men and puts into their minds things that would not otherwise get in them. If Christian men do not come out and do this thing, I fear where the end will be. I think we have got to be plain if we want to do good; put down all false modesty. We spend all of our time on tuberculosis, pellagra, and the hookworm, and say little or nothing about the thing doing the most harm. I com-

mend the paper, sir, and am glad you had the backbone to read it here.

Dr. Talmage

I want to thank Dr. Dumas, of Mississippi, for bringing such a paper before us. It is well for us to hear, in such choice language as it is; but it would do us credit to get some such subject as that before the laity all over this country. I feel that we ought to agitate the question more. We are afraid of tuberculosis and other diseases, but don't seem to be afraid of syphilis and gonorrhoea.

Dr. Terrell

I feel that we ought to sing "Praise God from whom all blessings flow." We as members of the profession are neglecting a very important matter when we don't instruct our people along this line. I am sure the thinking people are in sympathy with these thoughts. We ought to lay aside modesty and let the people know what things destroy the manhood and womanhood of our race. And there is no better time than now to devise some plans as to how we can get these matters before all the people.

Dr. Walker

I want to thank Dr. Dumas for that splendid paper. I was thinking how grand it would have been had that paper been read last night to the number of people gathered at the church. The time is coming when the Negro physician should give out the impression that he is not only working to make a living, but, first of all, to save the lives of our people; and we should join hands with the good ministers in the great crusade against crime, disease, and death. Again, I wish to congratulate Dr. Dumas on that paper. And, if in order, I move that we have ten thousand copies of this splendid address printed and sent abroad among our people everywhere.

The Use of Tuberculin as a Diagnostic

Dr. J. W. Walker, Asheville, N. C.

I regret that we haven't had the paper of Dr. Williams. I expected to base my remarks on what he said in his paper. Therefore, what I say will be at random and will not be as concise as it should be on a subject of such vast importance.

It has been seventy-five years since the use of tuberculin was introduced for diagnosis and treatment of tubercular patients. When it was first produced I do not believe the promoter knew or had any idea it would produce the effect it has. About tuberculin we do not know so very much. In other words, the last word has not yet been said as to the way in which it acts in all of its details. It is unlike the anti-toxin for diphtheria, but the principle is the same. I believe there are several tests of the diagnostic value of different preparations of tuberculin. I have seen several of these tests, but up to the present time I have not had the opportunity of using them on any of my patients; for the reason that almost always when a tubercular patient comes to me the disease has so progressed to such an extent or stage that we do not need the tuberculin to help us out in the diagnosis. As I said, there are several tests, all of which, of course, have their peculiar characteristic symptoms, into the detail of which time will not allow me to enter. But the general principle is, if your patient is tubercular, whether you get the physical symptoms or not, if there is a feeling of general gastric disturbance, headache, or other symptoms, a local condition of swelling, pain, then it is the claim of the weight of authority that you are justified in pronouncing that the patient has tuberculosis. That is the diagnostic value of tuberculin in a nutshell.

Now, as to the treatment of tubercu-

lar patients with the tuberculin. This is largely in the experimental stage, but used by men of prominence and of standing. Hamburg, I believe it is, claims that some have objected to it. Coke, the specialist of New York, claims that you get a reaction in other diseases, such as syphilis, etc. But Hamburg claims where you get a rise of temperature it is tuberculosis. In Washington the Tuberculosis Congress said that every man or woman who lives to be 35 or 40 has, at some time, with or without their knowledge, had tuberculosis. Now, going back to the treatment, it is based upon the emulgent theory as worked out by Wright, and others with whom you are more familiar. One claims it has the effect of dilating the blood vessels to such an extent that a greater amount of blood goes to this diseased area. There are several forms of this material used by different men. All of the specialists have their form of treatment. However, the principle is the same, but they individualize as the condition warrants. The weight of authority is that we should start very carefully on minute doses of this tuberculin, depending upon the form you use as to the amount of the dose. The time of treatment should consist of at least six, eight, or ten months or even a year, depending upon the condition of the patient. This should go on so gradually that reaction would be avoided. There are different forms of it. When we start out with one preparation we have different strengths. You take a patient; say, there will be twenty doses of preparation; you increase that gradually. It depends upon the condition of the patient as to whether you give it to him once or twice a week; and then go up gradually until you exhaust this weak amount; then you double that strength, and double that, and go on up

gradually until you have completed, and usually that completes the course.

Now, I won't go into detail as to how this works out physiologically, but I believe this will cure tuberculosis just as effectively and surely as anti-toxin is our main stay for diphtheria; but it is very largely in the stage of investigation. I have had the fortune of handling quite a number of tubercular patients for the last few years, and I base my work largely on four things in my treatment, viz.: plenty of good food, plenty of fresh air, rest and exercise, and I look upon them with importance just as I have named them to you; withholding everything that has a tendency to destroy digestion. Let them sleep out doors. Never give any medicine to prevent night sweats. I simply put them out doors. I have not seen a hopeful case where night sweats have been on that they did not disappear. I believe, first, last, and always, in getting your patient's confidence; whatever you hope to do, get his confidence, and let him understand somewhat, as best you can, of the nature of the fight they have before them, then make the best psychological impression. Unless you do that your treatment of tuberculosis will fail. We should impress upon our patients to take measures in time. It is a dreadful thing to have these patients come from home hopeful of recovery, to have it sadly related to them that it is impossible for them to get over it. Doctors in so many instances fail to tell their patients that they have consumption; and when they go to the resorts, having full confidence in their physicians at home, it is hard to make them believe they have consumption. They simply believe you are taking advantage of them and trying to get their money.

Discussion of Dr. Williams' Paper

Dr. Alston, of South Carolina

I would like to commend the doctor on his very excellent and timely paper. I have had several cases of typhoid, and at one time had two cases in the same house, and the patients were otherwise in good healthy condition. I used the prophylactic and got good results. Reaction was marked, and I gave two or three injections. I think typhoid prophylactic is a great thing for us to use, especially where other persons are in the house with the patients.

Dr. Dumas, of Mississippi

I want to congratulate the doctor for the part of the paper I heard. In the discussion as to the use of vaccination in the treatment of typhoid fever, I wish to state, I have had considerable experience. In coming here I left a patient in care of a fellow physician to be given continuous treatment while I am away. I am inclined to believe that typhoid bacteria are not only prophylactic in the preventing of the disease, but it is also curative; which, however, must be modified to some extent. I have had several patients, and administered the therapeutic dose. I have noticed patients with temperatures from 104 up, after giving the typhoid vaccination, within a few days the temperature came down to 100 or 102. In one instance there was abdominal distension to some extent. In the last case I treated, that is well now, I had left the largest dose of packages a; b, c, and d, and it seems that just as he got well the sister got down with it. I happened to have that dose left, and took a chance to give the d dose as the initial dose. The temperature was 105. She had a profound reaction; became very nervous and delirious. Next morning the temperature dropped to 102, and the patient seemed very much better.

When the typhoid broke out among the troops, we find that the disease was cut short by the injection with this typhoid bacteria.

I again want to congratulate the doctor for bringing this matter before the Medical Association.

Reports of Delegates

Dr. Sherrill, of Mississippi

I am very much delighted to have the opportunity to be present. We have a state association in Mississippi which is very well attended, and we send delegates each year to the National Association. We have, all over our State, physicians who are actively engaged in their profession making good citizens and helping others to make good citizens. Being president of our State association, I feel very much pleased to come to you and bring greetings from our association. We have been reading our Journal and have been trying to help foster that journal. As a whole, we should all interest ourselves more in this Association, and wherever we are located we should send our annual dues and help foster the Association and keep it alive. We are doing something in our State, and don't have time to run about frolicing, but any time you see fit to come to Mississippi we will do our best to entertain you. We are trying, as substantial citizens, to keep abreast with the times and reflect credit upon this Association.

Dr. Burwell, of Alabama

In Alabama, colored physicians are moving along. The physicians in Birmingham, that wide field for surgery, are doing their own work, asking no one any odds. In Mobile and Montgomery they are doing the same thing. We are co-operating and doing our work together and making good impressions. Phy-

sicians in the different communities are being identified with the uplift of the colored people; they unite and co-operate with everything that tends to the advancement of their people. The colored physicians in Alabama, wherever I have gone, are the most prominent as leaders.

Dr. Covington, of Texas

In our State, we have about two hundred physicians. We try to keep abreast with the physicians of this country. We have our State association, and about one-third, and sometimes one-half, of our membership attend that State association. At our meetings we have about the same kind of operations we have here at this meeting. We have several hospitals in Texas, and several sanitariums. We have had Dr. Dan Williams with us on a number of occasions, who has operated with us and seen our men operate. We are doing good work and not calling upon any white physicians to do our work. The physicians send greetings from Texas to this annual meeting.

Dr. Thompson, of South Carolina

South Carolina is not as large as some of the States here represented, and we haven't so many physicians; but we have 56 physicians, 15 dentists, 8 drug-stores, and 6 hospitals. We have recently organized the second medical association—the Charleston Association. We have considerable work at the hospital there and our own men are prepared to do anything they can do in other hospitals. We are not going to ask white physicians to help us; we don't think we need them. We have two state medical associations; they send greetings. We take pride in subscribing for the Journal.

Dr. Hargrave, of North Carolina

It is with pleasure I bring greetings from the old "Tar Heel" State. We

are always glad to send more than one delegate. We have deep interest in the uplift of our own profession. We have a healthy organization in our State. We met in June at Newbern, read papers and discussed them. We have several hospitals and sanitariums; we recently organized one at Monroe and another at High Point. We have a hospital at Durham, the Good Samaritan Hospital at Charlotte, tuberculosis hospitals at Wilson and Raleigh. We are doing work as men do in other states and in the other race. We are so deeply interested in this association until in our annual meeting we voted unanimously to invite the Medical Association to Raleigh in 1914.

Dr. G. H. Francis, of Virginia

Virginia, in trying to hold her own, has sent five dollars to this Association to keep up its membership. The Old Dominion Medical, Dental, and Pharmaceutical Association reorganized on the 12th day of this month, after a lapse of five consecutive years, at Petersburg. During the present year a beautiful seventy-five-thousand-dollar hospital was erected at Hampton for the sole purpose of lifting the Negroes of the high-water section. There is a project on foot to launch ten thousand dollars within the next thirty days for the erection of a hospital to better conditions in that section. We have several state local organizations that are doing fairly well.

Dr. N. L. Edwards, of West Virginia

Nearly all of the physicians of the State were present at our annual state meeting. We have the hearty co-operation of the white physicians. Several of them came in and read papers to us. We have a drug store in Charleston, one at Kimball, one at Huntington, and two at Bluefield—one with a ten-thousand-dollar stock. We have hospitals operated and controlled absolutely by Ne-

groes; one at Hinton, one at Huntington, one at Kimball, and two at Bluefield. These are up to the standard; sanitary in every respect, heated by hot water and lighted by electricity.

Dr. J. A. Lattimore, of Louisville, Ky.

I bring greetings from the Kentucky State Medical Association. We meet once a year. We had Dr. Dan H. Williams, who performed operations for us, and your own Dr. Stewart. We have in Louisville a movement in which we want your help. We have built a million-dollar hospital, which is to be opened next month. We have asked the city council to give us a representation in that hospital—a colored ward. We have asked that they install colored nurses in the colored ward and one interne and a hospital board of colored men to go in and help run that colored ward or section. They have promised us all this, and we at least expect to get the colored ward.

Dr. J. L. Light, of Jackson, Tennessee

We have two societies in this State, one in the West, the West Tennessee and Kentucky Association, and then the regular state association. We have from 18 to 40 or 50 representatives in this western association. We have three or four drug stores in Memphis. We have eight physicians in Jackson, all getting along nicely. We have been meeting semi-annually for the last 8 years.

Dr. Lawrence, of Elizabeth, N. J.

We have a North Jersey Medical Association consisting of all the doctors who are practicing in North Jersey. We send our fees to the National Association and subscribe to the Journal. We work in harmony. We meet once a month and every man comes to the meeting. Then we have meetings throughout the different cities for public instruction.

Dr. R. C. Brown, Dentist, of Virginia

The dentists in Virginia have grown in such large numbers that we have our own association. We have organized a Tri-State Dental Association. The idea is co-operation.

Dr. Dumas of Washington, D. C.

The Medical Association of the District of Columbia meets each month for nine months each year. We have interesting papers presented to us by different members of our organization. Now and then we send abroad for a good man to come to us. We have interested ourselves in sanitary work in the city. During the past year a few of our members have made it a custom to go around in the city and deliver lectures bearing upon the diseases of our people. We have been doing very effective work. We give stereopticon exhibitions, showing conditions as they are and ought not to be, and then showing more favorable conditions and trying to encourage our people to emulate the worthy people and live up to the standard. We are putting aside that false modesty that precludes our speaking about these things. We want to educate our people along these lines. We have on to one hundred physicians in the District of Columbia, and we are succeeding admirably; using the language of the times, "We are getting ours."

Dr. Wallace, of Louisiana

We have our state and local organization, in the swamps of Louisiana we are trying to do the best we can to keep pace with the times. We have established in New Orleans a hospital. In Shreveport we have a hospital which is about three years old. There are four of us connected with it. It has maintained itself since organization. We sometimes call white physicians. We have your Dr. J. T. Wilson often.

Dr. J. B. Singleton, of Nashville, Tennessee

We have a most excellent local city association, the Rock City Academy. There are in that association about forty members. We meet twice a month and at each meeting we have all the members present. We have papers the first meeting, and we attend to our business the second. All of our papers are entered. As dentists, we have taken an active part and proven to the physicians here that we know and can do a little more than extract teeth. We are doing some of everything you want done.

Dr. Robinson, of Maryland

I wish to thank you very much for this opportunity to bring you greetings from the Maryland Medical, Dental, and Pharmaceutical Society of Baltimore. We meet the first Monday night each month, at which meetings we have papers read, probably one by a medical practitioner, one by a dental practitioner, and one by a pharmaceutical practitioner, and then we discuss the subjects just as we do here. We have about 26 members, 19 of which are physicians, 6 dentists, and 5 or more pharmacists. We have an annual public meeting once every year on the last week in May. To our last public annual meeting we invited Dr. W. G. Alexander, our general secretary, to read a paper, "The Use and Abuse of Patent Medicines." We attempt to show the people how to keep well. We have a hospital in Baltimore. Unfortunately for us, there seemed to be a lack on the part of the physicians to get this hospital in running shape; but we are now trying to get it on a working basis again, to which end, in July last, we gave a general benefit entertainment and realized at that one meeting \$115.20. The theatre was donated. Also connected with this society we have a clinical club which meets once every two weeks, to which

we invite a doctor from the Johns Hopkins Hospital to give us a paper on some special subject, which they very gladly do, because they care for our patients if we want to send them over there. Anything we want to know, they are glad to impart the information.

Dr. Geo. W. Hubbard

I am glad to be with you today and glad to see so many here from other States and the isles of the sea. I think it is a very encouraging sign for a man to come from the islands of the ocean. It is worth something.

I see a great future before this Association. But you ought to have at least five hundred here. The colored physicians of the South, Central South, and the extreme southern part of this country and the West have not been attending as they ought to. I think perhaps this meeting would be an inspiration to them to do better work in the years to come. You will remember that the white medical association has an attendance of from three to four thousand annually. It is a great power throughout our country for medical requirements and medical ethics. What that is to the whites of this country, this ought to be to the colored.

We have approximately about two thousand practicing medicine in the South and Southwestern States. Taking the country together, they look after the interests of health of about nine million people, and there is one colored physician to four thousand people of our own race; and with the colored people, about one to five hundred. So we have about nine times as many physicians in the whole country as we have colored for the South. Some think the field is overcrowded; but you will see it is not. With few exceptions, the whites are glad to welcome well qualified, honored colored physicians to their

states. How long this will continue, I do not know; but it exists at the present time.

This last year there was perhaps a little less than three hundred colored graduates. We had 88 at Meharry, and the other colleges, I think, had perhaps 150 or 200. So, when we consider the number of deaths, together with those who are in need of their services, and those who leave the profession for various causes—sometimes for the good of the profession—we can see that the number is not large. We ought to have more colored physicians. The country districts show a great lack. Mississippi has only about fifty colored physicians, and they only touch a few of the large cities. Hence, I think it would be well for the members of this Association to encourage young men of the right kind to study medicine. I say young men of the right kind, for at the beginning of the coming year, 1914, one year of scientific training will be required for the beginning of the study of medicine. How this will affect the colored colleges, we do not know. But the Chancellor of Vanderbilt says it will affect Vanderbilt greatly. The colored colleges will either have to add a year, or we shall have to have a pre-medical year: physics, chemistry, biology, and one modern language, with laboratory work. And for that reason, the attendance will be diminished instead of increased. So don't recommend any young man to study medicine unless he has at least an ounce of common sense. They say the Almighty has a great regard for common sense. When you can find young men who are going to be a success in the profession, encourage them to study; but don't try to send a young man to a medical college that has had a barren common school education. A young man came here the other day,

notwithstanding the fact that I had written him that he was not prepared, who has had only two years of high-school work; and now he will have to take three more years of work before he can commence his profession. The requirements are going to be increased in the years to come; and they are going to be more rigid in the examinations. In most cases the state boards of the Southern States have been remarkably fair, with some exceptions, but this has been the rule. However, all we can ask of any of these boards is to give our graduates a white man's chance. In years to come, those who are here, we are going to need others to take their places; and we want to have them thoroughly equipped for their work.

Dr. Dan H. Williams, of Chicago

Mr. President, Members of the Association, Ladies and Gentlemen:

Not with any idea of making a speech, did I come here, but simply wish to state, I am pleased to be here, pleased to be one of you, as I have always been, pleased to know that the same old horses are tugging away with the load with which they started years ago. We should be deeply grateful that we have a few men who will take the burden of carrying on the Association, as these men have, and succeeded in the splendid way they present you with today. We should congratulate ourselves that we have such men, and congratulate them for the work they have done in keeping this Association together. It is no small matter to get men together in anything and keep them together. It is no small matter to start a medical journal and keep it going without strong financial support. The fact that they have done that should commend them to this Association. And if I don't say anything else, I want to thank them and ask the members to help them keep

this good work together. Of course, I have not been as active as I should have been. Nevertheless, when I do come I am glad to see the same old men at the helm.

There are some special things upon which I should like to dwell, but think

it now inopportune to discuss; that can perhaps be done better in another place and on other occasions. Therefore, I thank the President for this introduction and I thank you for your attention.

ALKALOIDS BEFORE ANESTHESIA

Isabella C. Herb, Chicago (Journal A. M. A., September 13), holds that the advantages claimed for the preanesthetic administration of alkaloidal sedatives are overbalanced by its dangers. They are indicated only for local analgesia and are contra-indicated whenever the respiratory center is depressed or likely to become so. In obstructive dyspnea, due to growths pressing on the trachea; in exophthalmic goiter; in operations about the mouth or throat; in debilitated or cachectic individuals or those with continued sepsis; in those with any degree of stupor or in those susceptible to morphin, and in children and elderly persons when the anesthetic is administered by unskilled or untrained persons they are contra-indicated. They interfere with the pupillary index, than which nothing else indicates so well the degree of narcosis, and their routine use should be discouraged. The evidence is against their usefulness in lessening the danger from ether or chloroform or nitrous oxid in general anesthesia, but they have a distinct usefulness before local analgesia.

REST IN TUBERCULOSIS

J. W. Flinn, Prescott, Ariz. (Journal A. M. A., Aug. 16), says that, in spite of the work of Hilton, Mitchell, etc., physicians have been rather slow to appreciate what rest can do to cure and prevent disease. With the exception of a little work of Norman Bridge and a few scattered papers by others, practically nothing has been written on the important subject of rest in tuberculosis. Though Bridge was unfortunately content with mechanical measures, his views were a decidedly marked step in advance, and the revival of the operation of artificial pneumothorax, though its special value is in only a limited field, may help to teach the profession the importance of rest to the lung. Flinn would prescribe it for every tuberculous case; absolute rest in bed for at

least a month and in most cases for two months, whether there is fever or not. It should be prescribed in definite quantities guided by the condition of the patient throughout the disease, and when a certain grade of rest does not bring the maximum temperature below 100 F. in two weeks, the next higher grade should be tried. To the objection that each case should be treated individually, he answers that the power to individualize comes only with experience and that the inexperienced should follow general rules and make exceptions only when benefit is not derived. Rest in bed is also a valuable remedy after the lung lesions have become quiescent and the patient is taking active exercise. Two hours absolute rest in bed should be given each patient each afternoon until he returns to his former work. After that, one hour's rest after the noon day meal should be spent on his back and Sundays should be spent in bed for some months. In many cases a day's rest in the middle of the week is necessary to enable him to attend properly to his work the remaining five days. In spite of all that has been done with other special treatments, the profession should never forget the fact that fresh air, good food, and rest are still the essentials in the management of pulmonary tuberculosis.

The Mellier Drug Company desire to announce that the Tongaline preparations and Ponca Compound Tablets, in addition to the \$1.00 sizes, so long as favorably known, are now offered in 50 cents sizes; Tongaline Liquid in 4 oz. bottles, Tongaline Tablets, Tongaline and Lithia Tablets, Tongaline and Quinine Tablets, and Ponca Compound Tablets, 50 tablets in a box.

These new sizes should prove a source of much convenience and satisfaction to physicians, because they can feel assured that their patients will then obtain the genuine article, when prescribed in these original packages.

Free samples on application to Mellier Drug Company, 2112 Locust St., St. Louis.

OF INTEREST TO DENTISTS

By R. C. BROWN, D. D. S., EDITOR
RICHMOND, VIRGINIA

The N. M. A. In Sunny Tennessee

Howard, Hampton, Tuskegee—and then Meharry and Nashville: Thus reads the itinerary of the N. M. A. for the past four years, an educational circuit in which the Association has chosen, and well, environments not only logically central according to numerical strength and residence of membership, but also compatible with the high ideals of progress which are the life and pride of the organization, pledged to the dissemination of useful knowledge to the masses, and teaching them the methods of development of the physical, mental, and moral qualities which form the trinity of the ideal life.

Nashville, with Meharry and Fisk, we congratulate you upon the possession and maintenance of these institutions: Each trained and cultured scholar from our educational centers is leavened where with our people are elevated nearer and nearer to the broad plane of light and freedom, rights and joy, of the true life.

Colleagues of Nashville, we know the efforts and sacrifices necessary to plan for and provide the accommodations for the reception of our national body, and the facilities for its activities, and herewith acknowledge with gratitude your attainment of results which made the fifteenth annual meeting of the N. M. A. a proud success.

And, friends and citizens, ladies and gentlemen of fair Rock City, to you our hearts go out in fond appreciation of the courtesies, the kind consideration, the entertainment, and the delightful Association which made for us memories with which we ne'er can part.

This is but a brief of the good things we could say of the Capital of Sunny Tennessee. Three Rah!'s for Nashville!

The Day of Specialists

The day of specialists is at hand. In every branch of science and industry, there has been phenomenal growth, and no man is now endowed with the faculty and energy to boast efficiency in all the details and departments of the enlarged areas of thought and activity.

Medicine—the grandest of all, for it conserves men, for whose usefulness, and to whose glory all other things are conserved and developed—is no exception. From the day of herb therapy and crude in—and excisions to, the present era of New Medicine, the laparotomy, brain, heart, and plastic surgery, is a vast period of wonderful evolution and progress. There is now a score of sciences and procedures in medicine and surgery for each that was known a half century ago.

Of course, we need the “general practitioner,” just as every large institution has what may be called “an agent of selection.” The practitioner at large—and indeed, we all must possess the fundamental knowledge necessary to the mastery of the specific—will find his greatest usefulness as a diagnostician. Having discovered the abnormal condition, the case will pass into the hands of the specialist whose training and skill through the devotion of years to a part of the whole makes him the logical and proficient choice.

The motto of this, doctor, is “Organ-

ize and Specialize." Organization, based firmly upon a platform of genuine ethics and practices, which will permit the interchanges necessary to the promotion of the specialties which constitute our broad profession, is the first essential. Then comes the selection of, and devotion to, the branch of medicine and surgery which most appeals to you, and to

which you may best adapt yourself; and, not to be selfish, all other things being equal, for which there is the greatest demand according to the law of apportionment.

The New Era of Medicine and Surgery will witness the adoption of this platform. Organize, doctors, and specialize!

I.—DIFFICULTIES IN A SUCCESSFUL DENTAL PRACTICE

*C. O. LEE, D. D. S., Winston-Salem, N. C.

In the practice of dentistry, as in the practice of any profession or vocation, there are failures or difficulties as well as successes, and since it is proven that success is built largely upon failures and difficulties, I am choosing this as a subject for my paper.

Since the brightest rays of light follow in the wake of the darkest clouds and the beauty of life in counting the adversities one has overcome, I feel that when we have done our best, each successive difficulty will seem less difficult, and each night following will bring less mental torture and sweeter repose.

The practice of dentistry is no longer left to the charlatans, the barbers and the blacksmiths, as the practice of medicine is no longer left to the root doctors and holy faith curers.

Today, dentistry is studied and practised by men of the ablest minds and highest type. There is scarcely any branch of the applied sciences that calls for a greater qualification or greater combination of mental endowment and manual dexterity than dentistry, for it is two-fold, in that it is a science and an art.

Success in daily dental practice is to be measured, not so much by the number of patients you have in a day, nor

the amount of cash you take in, as by the difficult cases you have overcome while trying to succeed. Cash is necessary, but a keen insight into the temper and disposition of your patient is indispensable in your daily practice.

The cement filling sows the seed of more misunderstanding between the dentist and patient than perhaps any other single agency. Let us consider an instance: Mrs. A declares a preference for cement fillings in her front teeth, for esthetic reasons. You explain that cement lasts only a year or two, when it must be renewed, leaving her to infer you mean at her expense. If you could see into the actual workings of her mind, you would discover that she is dwelling wholly on the question of present expense, cherishing a hope that the filling will last as well as gold; only, she says nothing of this, nor do you suspect it. You forget all about Mrs. A until four years later she phones, asking if you remember working for her last winter, emphasizes the fact that all these fillings have come out. She calls to see you. "I paid you \$9.00 for those fillings. What are you going to do about it?" (Gathering clouds and mutterings of thunder.) You decide that you will be reasonable and do your

part, so you refill the teeth at half price. She explains that she came unprepared to pay, not expecting to have the work done at once, and she will call in a day or two. She goes a year or two later to some other amiable appearing dentist, abuses you, and pays him for gold fillings, because he happens not to be as amiable as he looks, and insists on gold or nothing.

Another patient to beware of is one who complains of the other dentist's work. His cement, gutta-percha, inlays, do not last. She will just as surely in due time abuse you if you give her half a chance. It is decidedly better to make for this complaining class gold fillings or gold inlays, and it pays to be firm with such people, even to the extent of driving them away.

Dental Bill. A dental bill is not an everyday occurrence, and for that reason it is advisable to talk over the work and probable cost of it in advance, charge a good price for the work to be done. Patients that require time to think over a bill before agreeing with the dentist as to his charges, should be allowed to return home, lie down, and get over the shock. Don't knock off five dollars or five cents.

If that patient is for you, he or she will return again. A wise dentist is one who has learned his patronage and knows whom he can depend on in his community.

Expenses. At all times the dentist should consider his expenses—all of his fixed charges; expense of office, family, interest on investment, and everything necessary for him to live properly and make advancement professionally. Then at all times, and from all patients, he should charge sufficiently to meet all these demands. Patients who can afford it should meet the demands of the dentist in laying aside something for

a rainy day or old age. In other words, such patients should pay a little bonus that we may invest it to the best advantage.

Operating. Never seat a patient and begin operating as if the only important thing to you was to show how absorbed you are in the mere mechanics of your profession. Such a course is well calculated to impress patients with a belief that all the dentists want is to get to work, at almost any fee. Keep him awhile in the waiting-room; talking over what you propose to do. There is often money in simply waiting. In this way, it is soon spread about throughout the community that you expect pay, and the dead-beats will let you alone. I heard a dentist tell his patient this: "I find I have had less trouble with the plate than I expected and it has cost me somewhat less than I expected, so I will fill this tooth without charge to make up." To my mind, dear friends, a better way would be to frankly name a lower figure for the plate, and then name a definite price for the filling. Definite figures should be named, then the patient knows exactly what you have done.

Patch Work. If you want trouble, attempt to patch the other dentist's filling which seems too good to remove bodily, because in the end you will have to do your part and the other dentist's too. Take no risks; remove the entire filling, if there be any remote chance against your success in trying to compromise. Repair the patient's plate, not merely at the point he indicates, but wherever you find a promise of early failure.

Little service requiring fifteen minutes or a half hour is worth a great deal more than some dentists seem to think. The dentists who charge fifteen and seventy-five cents for plastic fillings,

don't seem to think their little services amount to much. In Winston-Salem we receive \$1.00, \$1.50, and sometimes \$2.00 for this so-called little service.

II.—ORAL SURGERY

*D. A. FERGUSON, D. D. S., Richmond, Va.

Dental science has so advanced within the last ten years that our graduates will be compelled to specialize and our dental colleges to extend their curriculums in order to cover and complete these various branches.

Each year presents a problem for the colleges to decide what to add and it is more perplexing to fill the chairs as rapidly as the profession demands.

Confining myself to Oral Surgery, it is absolutely necessary to eliminate the description and functions of the oral cavity, the details of which have been so beautifully portrayed and thoroughly discussed in the paper previously presented.

This branch of surgery has been sadly neglected and is practiced less than any other. The Rhinologist, Ophthalmologist, Otologist are specialists and surgeons, and why not the Odontologist, who has conferred upon him the degree of Doctor of Dental Surgery? As we walk along the streets we read a sign, "Dr. so and so, Dentist," and further on, another sign, "Dr. so and so, Surgeon Dentist," and the laity may ask, "What is the difference?" They are synonymous except that one sounds louder than the other. We can readily understand why one practitioner's sign bears "Physician" and another, "Physician and Surgeon," because all physicians are not surgeons; but all dentists are supposed to be surgeons and have broader fields of operation than any other specialist.

Our dental colleges have neglected the practical side of oral surgery by not

having connected with them a surgical ward which is as important today as the dental infirmary and laboratory. It is very true that few surgical cases are presented to the dentist, and we might ask, "How would a surgical ward be maintained since there are so few pathological conditions of the oral cavity that need the services of a dental surgeon?" There are innumerable cases which the physician and dentist overlook, and if such conditions are discovered, they do not receive the proper consideration until they become emergencies. Not only is this true, but very few physicians have sufficient interest in the oral cavity to differentiate between an abscess and an insect bite, simply because the oral cavity has not been given the proper consideration in the medical course; hence, it is just as essential for the physician to be familiar with that branch of medicine and surgery as for the dentist to have a thorough knowledge of *Materia Medica* and *Therapeutics*. We are able to relieve our patients by operating or prescribing for them, and the physician should aid the patient by proper diagnosis of general dental conditions.

We must treat such cases as *Tic Dououreux* sometimes by performing *Neurectomy* or *Neurotomy*. We are likely to come in contact with cases involving *Neuromata*, *Necrosis*, *Temporo-Mandibular Ankylosis*, *Adenoma*, *Carcinoma*, *Osteoma*, *Epithelioma*, *Sarcoma*, *Lipoma*, *Fibroma*, *Myoma* or *Myxoma*. We must operate on congenital defects of

the mouth and face, such as Staphylorrhaphy, Uranorrhaphy, Cheiloplasty, and Ankyloglossia (Lingua Fraenata.) We must diagnose and remove Ranula, Epulis, Dermoid, Dental or Dentigerous Cysts. The sinus of the Superior Maxilla, as a rule, is the seat of many of the pathological conditions of the oral cavity, and it is the principal basis of many operations. This cavity needs no description, but when Nathaniel Highmore discovered it in 1651, he undoubtedly felt relieved to know that it was very accessible for the oral surgeon. I cannot resist giving the following unique description according to Highmore as "hollow spherical or somewhat oblong in shape, and large enough to hold the terminal phalanx of the great toe." At the present time, many of our patients have antral trouble, which we often overlook. Before examining a patient's mouth, I always take special notice of the nares and I very often discover a polypus, and sometimes both passages are obstructed. How often have you recognized that characteristic catarrhal odor which is very disagreeable to the operator? When such cases come before us, it is our duty to advise the patient consult a Rhinologist, providing there is no antral disturbance—and then, of course, it is up to you.

Is it mete and right to our profession that we send our surgical cases to the general surgeon and be content with looking on and saying, "I don't care to bother with those cases?" The reply is, "No;" and, furthermore, it is the duty of the physician to send those cases to us. When the city ambulance has a call and the surgeon's diagnosis is, "a fractured jaw," how many dentists have been called or consulted? Of course, such apparently simple operations as extractions, lancing gums, fractures and dislocations of the mandible are every-

day occurrences, and almost any physician will attempt a treatment until he "gets up a tree;" and then the dentist is called in. Even at that, you will find no great number of dentists equipped with such emergency supplies as: bandages, gauze, adhesive strips, binding wire, needles, ligature, needle forceps and drugs used hypodermically. These seem trivial to many practitioners, but we must be prepared, and if a consultation is necessary, call another dental surgeon, because these cases are not within the scope of a medical practitioner.

I am glad that this meeting is held in the city of Nashville with its educational advantages and with a gathering as this composed of practitioners whose experiences have been many and varied; who are in a position to recommend that the mere theoretical side of oral surgery is insufficient to the graduate who wishes to practice oral surgery; and now is the time for the Alumni of the institution, together with those assembled here today in the interest of progress, to recommend that she equip herself with, or have access to, a ward with its Dental Surgeons and internes. Not only Meharry Dental College, but Howard Dental College likewise, and such a movement would receive the support of the Robert T. Freeman Dental Society, of Washington, D. C., and of the Tri-State Dental Association composed of the practitioners of District of Columbia, Maryland, and Virginia.

For those inclined toward oral surgery as a specialty, give them a complete practical course and then they will be in a position to relieve the dentist who has said, "I don't care to bother with those cases." Oral Surgery will then be a specialty indeed and in truth, as Orthodontia, Radiography, Operative and Prosthetic Dentistry. Also, for the

benefit of those who have been practicing for years and who wish to avail themselves of this practical knowledge, a six- or eight-weeks post-graduate course could be added during the summer.

Gentlemen, if you will indulge me for a few minutes, I shall cite, as briefly as possible, a surgical case in which the antrum was involved.

A farmer brought his 16-year-old daughter, the latter part of September, 1910, to have her mouth examined. The left side of her face was badly distended to about the size of a hen's egg, which condition disfigured her very much. She suffered only slightly with no excretory matter through the naris. The alveolar and palatal processes and the facial surface of the Superior Maxilla were distended. This abnormal condition had been progressing for 18 months, as she had been under treatment of a physician for that length of time until, I presume, he saw no marked improvement except in the increase of size (which was the very thing he did not want to see) and advised her to consult a dentist.

Having thoroughly examined the condition of my patient, I concluded that the antrum contained a dental cyst. She had normal temperature, pulse was normal, and she suffered none whatever, except in personal appearance. Being quite sure that she had received a blow on the face, either by accident or intent, I made inquiries to that effect. The reply was that two years prior, she had fallen in the woods and struck her face, which, for a time was quite painful, but was soon forgotten; the fact is, she had really forgotten it until I had questioned her closely and recalled the accident to her mind.

Whenever making a diagnosis of pathological conditions, it is always best to

inquire into the family history in as shrewd a manner as possible—usually by way of circumlocution. Her grandmother was once operated on for cancer of the breast. Being satisfied that my diagnosis was correct, and after a consultation with Dr. Roscoe C. Brown (I apologize for personal reference), we decided to operate, and on October 1st, 1910, at my office, removed the cyst.

She was an exceptionally good and courageous patient, possibly because a woman will undergo almost any ordeal to restore or maintain beauty. The superior first molar was badly decayed, and in order to have complete access to the antrum, and insure perfect drainage and asepsis, the cuspid, 1st and 2nd bicuspids, and 1st molar were removed. Just enough of the alveolar process was removed to enter the antrum, but by making long incisions of the gum tissue along the alveola and palatal borders and distending this parchment-like process, and puncturing the cyst, out of which nearly two ounces of blood and serum flowed; this sack was removed, and the nasal and orbital surfaces to which the cyst was attached were curetted.

A two per cent solution of cocaine was used hypodermically for the extractions and incisions, and a solution of adrenalin and cocaine (tablets 1-300 and 1-6 gr. respectively) for removal and curettement.

Treatment. The cavity was thoroughly irrigated with hot Borolyptol, followed with Tyree's Antiseptic Solution, full strength, and packed with Borolyptol gauze. No peroxide or iodoform dressing was used. The patient reported next morning as having rested well during the night. I had advised hot malted milk before retiring. The patient's temperature and pulse were normal. After removing the gauze and thoroughly flushing the cavity as be-

fore, it was left open and was kept in an aseptic condition by the patient's use of a syringe and Tyree's Antiseptic Solution after each meal, a liquid diet. This solution was used also as a mouth wash which kept the oral cavity in a most desirable hygienic condition. She was treated at my office twice each day for two or three weeks, and once daily thereafter. The healing of the wound and closing of the aperture were so perfect and rapid that it was beautiful to behold. During this simple treatment which was merely an assistance to Nature, not a sign of pus was prevalent. After Xmas, of that year, she resumed her studies at school.

These models were made December, 1910; March, 1911; May, 1911, and one this year; the first three speak for the rapid progress made in healing and closing.

Her face shows only a very slight depression, due to loss of teeth, which I expect to restore very soon. For nearly two years her mouth has been ready for a partial denture.

This, gentlemen, is the specimen which has been in alcohol nearly three years, and by allowing for shrinkage, you can get a general idea of its original size. A portion was removed and sent to the Bacteriologist in 1912.

Tri-State Dental Society

Bay Shore Hotel, Buckroe Beach, Virginia, July 19, and the following week, was the scene of a busy, live gathering in the persons of the Doctors of Dental Surgery hailing from the District of Columbia, Maryland, and Virginia.

The Old Dominion State Dental Association held its special meeting Friday evening, July 18, and on the nineteenth received the visiting colleagues from the sister commonwealths.

Dr. Norman Lassiter, of Newport News, presided at the State meeting and reported everything in readiness for the larger convention, arrangements having been made by the following committee: Dr. D. A. Ferguson, Dr. J. M. G. Ramsey, Dr. Roscoe C. Brown, of Richmond, Dr. Norman Lassiter, Newport News, and Dr. J. T. Lattimore, Hampton.

Counsellor J. R. Pollard, of Richmond, welcomed the visitors in behalf of the Commonwealth in a most eloquent and pleasing manner, giving them the keys to Tidewater, the Garden Spot of the World, and bidding them to partake freely of the sights and delights of the beautiful environs.

Responses to the welcome address were made by Dr. C. C. Fry, president of the Robert T. Freeman Dental Society, District of Columbia, Dr. D. C. Brown, Maryland State Dental Association, and Dr. Norman Lassiter, O. D. S. D. A.

Dr. C. Sumner Wormley, of Washington, noted baritone, made the atmosphere ring with melody in the rendition of several numbers from his repertoire.

The report on the Tri-State organization was made by Dr. J. M. G. Ramsey, secretary. The election of officers concluded the morning session, roster of officers being as follows:

Dr. D. A. Ferguson, Richmond, Va., President.

Dr. George H. Butcher, Washington, D. C., Vice-President.

Dr. J. M. G. Ramsey, Richmond, Va., Secretary.

Dr. Daniel C. Brown, Baltimore, Md., Treasurer.

In the afternoon, the hotel dining room was converted into a banquet hall, and rich viands, dainties and relishes combined to spread joy along the festive board. The "Evening Prom" concluded the day's program.

Monday, the members of the Association responded to the call of the campus, and on Hampton Institute's athletic field, amidst the beautiful scenes, over which garden of grandeur none claims supremacy, the District of Columbia crossed bats with Maryland and Virginia. Results: Virginia and Maryland, 6; District of Columbia, 5.

Dr. P. B. Ramsey, of Richmond, was elected honorary vice-president. The roll of attendance numbered 28.

The Committee on Time and Place could not improve upon the choice of Buckroe for the annual meeting of 1914, and the body unanimously adopted its report.

Dentistry at Hampton Institute

Dr. Norman Lassiter, of Newport News, has been appointed Visiting Dentist to the student body of Hampton Institute, and will soon assume his new duties. The Journal compliments Dr. Lassiter upon his choice for the new field.

The minutes of the meetings of the Dental Section of the N. M. A. at Nashville, August, 1913, are written into the general report of the proceedings of the Association. q. v.

NEW BOOKS.—The Ontogeny of Primate Teeth. By Von Dr. L. Bolk. (See Oct. Dental Cosmos, p. 1058.)

PATENTS.—Dental Cosmos: Sept., p. 968; Oct., p. 1072. Dental Digest: Sept., p. 548.

REPORTS.—Please send reports of dental society meetings, or dental proceedings of general societies, to the As-

sociate Editor, 604 N. 29th Street, Richmond, Va.

QUERIES and Answers.—The Dental Section of the Journal will publish queries and answers exchanged between members of the profession. Make this column interesting!

WANTED.—Reports on Dental Anesthesia and Analgesia, De Trey's Synthetic Porcelain, Silicate Cements, Pyorrhea, Oral Hygiene Movement, Schools, etc.; "good stuff" along any line of interest to dentists.

CURRENT CLIPPINGS

Dental Inspection in Schools.—The history of the movement for dental inspection of school children shows that during the past decade educators and hygienists all over the world have been awakening to the realization of the truth and significance of Dr. Osler's words, "There is not one single thing more important in the whole range of hygiene than the hygiene of the mouth. If I were asked to say whether more physical depreciation was produced by alcohol or defective teeth, I should unhesitatingly say, defective teeth."—Oral Hygiene, Sept.

In Illinois.—The Board of Administration issues new orders as follows: (This board has charge of all state institutions caring for defectives and legitimate non-producers.)

Dentists: Where their whole time is given to the service of the State, the dentist shall receive from \$1,500.00 to \$1,800.00 per annum, with an increase from minimum to maximum at the rate of \$60.00 at the end of each year of continuous service. Where a portion of the time is given to the service, compensation shall be a proportional part

of the above rate.—*Oral Hygiene*, Sept.

Removing Dental Cement.—Dental cement should never be removed from a post or a crown with a bur. It is far more practical to immerse the surface to be cleaned of cement in very strong ammonia. Over night all trace of cement will have disappeared.—*Dental Cosmos*, Sept.

A Question of Ethics.—(Extract from editorial, *Dental Cosmos*, Sept.) We have spent much time tinkering with what we dignify by the term "professional ethics," and have concentrated much thought upon the construction of a code, especially those portions of it that relate to the material interests of professional men. We are impelled in this connection to call attention to a very ancient code of ethics handed down to the present generation through the records known as the Hebrew scriptures; one article of the said code being, "Thou shalt not bear false witness against thy neighbor." We are well aware that certain provisions of the code of dental professional ethics have reference to certain aspects of this same ethical standard, but we know of no other specification that is quite as clear, direct, and to the point in question as that to which we refer in the Mosaic code. Therefore with some slight sense of diffidence we are impelled to suggest to those who are seeking higher ethical standards in the dental profession, why not adopt that one article as a whole and without alteration or amendment into our dental code?

(In the final analysis, all ethics

should rest upon this broad foundation: As ye would that your neighbor do unto you, do ye likewise unto him.—*Assoc. Ed., Jour., N. M. A.*)

Salvarsan in Leukoplakia.—In the case reported, the patient, a smoker, with syphilis of five months' standing, was unable to take food or use tobacco. The injection of the salvarsan was but slightly painful, and the patient was able to go about his business without interruption. Healing ensues within four days. A similar remarkably rapid cure of smokers' patches in a syphilitic by salvarsan was reported in 1910 by Balzer.—*Dental Cosmos*, Oct.

An Odd Case.—On examination I found a full set of deciduous teeth, all of which were in a good state of preservation, but of very little use because of the large spaces between them. On questioning her, she stated that in early childhood she had been seriously ill, but the nature of the disease she was unable to remember. The disease most likely destroyed the dental organ in its process of growth. She was a brunette of rather sanguine temperament, 21 years of age, with an appearance about the lips of a person of 80 years.

As these deciduous teeth were incompetent of performing their function of mastication, they were extracted. The roots showed very little absorption, although very small in size. The gums were allowed to heal thoroughly and an upper and lower denture were substituted, restoring the lost contour of the face and lips.—"A. J. J.," D. D. S., in *Dental Digest*, Sept.

OF INTEREST TO PHARMACISTS

E. G. HOUSTON PHAR. D.
TUSKEGEE INSTITUTE, ALABAMA

The Pharmaceutical Section of the National Medical Association held its seventh annual meeting in the Pharmaceutical assembly room of the Dental Building of Meharry Medical College, Tuesday, August 26th, at 2:30 p. m.

Dr. C. M. Wilkerson, the president, being absent, Dr. R. F. White was made chairman, and the meeting was called to order. The minutes of the last meeting were read and adopted, roll called and new members received.

The program was carried out as follows:

Paper by Dr. A. E. Hughes, of Clarksville, Texas; subject, "The Relation of Pharmacists to the Public." Discussion, Dr. W. M. Sevier, of Nashville, and Dr. John E. McFall, of Charleston, S. C. A very instructive and helpful talk was given by Dr. Sevier on preparation of pharmaceuticals, counter-prescribing, substitution, and the courtesies due our brother physician. Discussion was opened by Dr. Annie E. Hughes, and followed by Dr. Sarah E. Mack, Dr. John McFall, Dr. Raglan, Dr. White, et al.

After appointing Dr. E. J. LaBranch as our representative to the House of Delegates, the meeting adjourned for a trolley ride to the various parts of the city.

Wednesday at 10:30, the Pharmaceutical Section attended the general session of the Association. Dr. F. W. Raglin, of Birmingham, Ala., represented the Pharmaceutical Section very ably with an oration, subject, "Professional and Commercial Pharmacy."

Wednesday at 2:30 p. m., called to order by the chairman. As Dr. C. M. Wilkerson, of Mobile, Ala., and Dr. D. L. Johnson, of Birmingham, Ala., were not present, their papers were not read.

An invitation to Miss Matilda Lloyd to attend and become an honorary member of our Association was extended, she bearing the distinction of being among the first female graduates in pharmacy in America, finishing at Meharry in 1894.

Paper by Dr. E. J. LaBranch, of New Orleans, La., subject, "Progressive Pharmacy." Discussion led by Dr. R. F. White, Dr. McFall, Dr. Hughes, and Dr. Raglan. Complimentary mention was made of Dr. LaBranch's paper by the "Nashville Tennessean," as regards the careless and unlawful sale of cocaine, morphine, whiskey, and other habit-forming drugs by the pharmacists. The paper contained much wholesome advice and showed that the writer had given much thought to the subject.

It was mentioned by Dr. White that there is a lack of interest on the part of the pharmacists in attending these National meetings, and plans and methods by which a larger number could be reached and interested were discussed.

It was motioned and carried that our representative to the Executive Board be instructed to ask that body a larger allowance for pharmaceutical secretary's office to further the cause of our Section. It was motioned and carried that a vote of thanks be extended Dr. W. M. Sevier for the splendid N. F. and

U. S. P. preparations under his direction of pharmaceutical exhibits.

The following officers were elected: Dr. R. F. White, Owensboro, Ky., President; Dr. E. J. LaBranch, New Orleans, La., Phar. Vice-President; Dr. F. W. Raglan, of Birmingham, Ala., member of Executive Board; Dr. Harriet B. S. Marble, of Yazoo City, Miss., Phar. Secretary.

With the adjournment of the National Medical Association at Nashville, Tennessee, August 28th, 1913, there passed into history one of the most profitable meetings ever held in the life of this organization. The clinics, the demonstrations, the exhibits, and the discussions on the valuable papers read regarding public health, are calculated to do untold good in the future. Members of this profession who failed to be present lost a great opportunity to add to their already-large store of information.

The pharmacists who were present came in for their share of credit in the valuable information they imparted on the intricate questions of chemistry, and the mutual exchange of thought and new ideas presented serve as an inspiration to further investigations.

The next National Medical Association is to be had at Raleigh, N. C., and it is to be hoped that not only those who attended our last meeting, but many others who have not yet seen fit, or found time, to attend, will be present and contribute of their valuable store of knowledge, and interchange ideas for their own as well as the benefit of others. There is an impression that is gen-

eral among the pharmacists, and that is that the Pharmaceutical Section is given no consideration by the National Medical Association. That is not true. The president and general secretary, and Executive Board have offered our secretary every consideration and courtesy, and are really anxious to see it grow. We can, by union, make the pharmaceutical section equal to any of the sections of the National Medical Association.

It has been said that pharmacists are too conservative and selfish. Every effort should be put forth on your part as a pharmacist to live down such an accusation, and you can do so only by becoming a staunch and active member.

The meeting of 1914 at Raleigh is looked forward to with fond anticipation, and we should begin now to prepare to make it exceed any previous session.

The various pharmaceutical colleges represented at the recent meeting of the National Medical Association were the Philadelphia College of Pharmacy, Howard University, Northwestern University, and Meharry College of Pharmacy. Most of them came as proprietors in business from five to twenty years. They all looked prosperous and reported good business.

Too much cannot be said of the preparations made for the convenience, comfort and entertainment of the Association by the Local Committee, and those who were present will carry with them through life a lasting memory of their stay.

Harriet B. Marble, Phar. D.,
Yazoo City, Miss.

If all the workmen in America, for a single month, were healthy and strong, were well fed, were working under sanitary conditions, with good tools and light, with proper materials and without false motions, the results in the quantity of the product and in its cost would be a revelation.

OF INTEREST TO NURSES

ELVIRA F. BECKETT, R. N.

PHILADELPHIA, PENNSYLVANIA

The National Association of Colored Graduate Nurses held its sixth annual meeting in St. Peter Clarer's Hall, Philadelphia, Pa. The nurses exhibited their usual lively interest in the convention, and several new members were added to the list. The meeting was opened by Miss Mary F. Clark, our president, who served us so faithfully and energetically for the last two years. Among the addresses delivered was one by Dr. N. F. Mossell, medical director and superintendent of the Frederick Douglass Memorial Hospital and Training School in Philadelphia. He is much interested in nursing progress at home and abroad, and in addition to other salient points, spoke of the qualifications necessary for an ideal nurse, among them sobriety, neatness, gentleness, and urged upon each member to help raise the standard of the Association by requiring that each and every one connected therewith develop and maintain the same.

Dr. J. Q. McDougald and Dr. R. W. Bailey, members of the staff of the Hospital mentioned, also spoke very entertainingly.

Mrs. Rosa L. Williams, the delegate to the International Council of Nurses, brought back a most interesting report, which made all feel that time and money were both well spent for her attendance at the Council, and that the Association could not have selected one who was better qualified in all respects to represent them.

Some very instructive papers and some which promoted very lively discussions, were read by nurses of the As-

sociation. The subjects treated were as follows:

"Nursing as a Profession in America," Miss Elizabeth Miller, Pennsylvania.

"The Several Phases of a Nurse's Life," Miss Emma Gipson, Georgia.

"Surgical Nursing in Homes of the South," Miss Blanche Bullock, Virginia.

"The Religious Side of a Nurse's Life," Mrs. M. H. Ashe, Pennsylvania.

"Overcoming Difficulties in the Profession," Miss I. B. Eason, Virginia.

In the paper, "Home Surgery in the South," Miss Bullock, endeavored to show that "home surgery is forced upon the people of the South, because of the lack of funds with which to build hospitals that will insure every convenience necessary for the maintenance of a sound healthful, community." The hospitals in proximity to some of the rural districts will not admit colored patients, and surgeons and nurses as a rule are many miles away. Thus while it is necessary for surgery to be done in the home, besides the difficulties of obtaining surgical cleanliness, there are these added disadvantages, and the patient suffers from the lack of proper attention. "Thus," says the writer, "the forsaken rural districts of the South cry out loud and strong for the philanthropist, and the door is wide open for the ameliorist. Yes, the cry has gone out into the more favored sections of our great country, 'Come over into Macedonia and help us.'"

Miss M. M. York, a new member of the organization, and superintendent of the Training School of St. Agnes' Hospital, Durham, N. C., told us of some

of the work being done by nurses in her hospital and town.

Mrs. Adah Samuels Thomas gave a brief talk of the post-graduate course recently started for nurses. Opportunities for post-graduate work which heretofore have been denied colored nurses in most hospitals, are now presenting themselves, and Lincoln is offering its advantages.

A discussion that means much to the nurse, was one which arose on registration. To quote from a New Zealand nurse, in whose country registration has been in force for ten years, "State registration affords to the nurse what she might otherwise not have had, a point at which to aim, and gives her teachers a standard by which they must do their best to give her a chance to reach. Without it, and without the test of the teaching given by a uniform examination, set by an independent authority, such as the State, there would be no guarantee whatever that the nurse had had any but the most elementary knowledge of the work. In countries that have no registration, the trained, untrained, and semi-trained compete together for employment on the same footing, leaving the public to discriminate as to their qualifications, of which they cannot be expert judges. Thoughtful women of education, in choosing a career for the future, will be more likely to allow their choice to follow inclination, and adopt a nurse's work when that has also legal recognition, when otherwise, perhaps, that of a doctor would have been the one chosen, because of its professional promise. The great benefit of registration is the differentiation of the qualified from the unqualified."

This discussion brought to light the fact that in America, where so much discrimination exists, registration is de-

nied the colored nurse in some states. After much deliberation it was decided that the Association in itself could do very little to better this condition, so it was moved and carried that with proper data, an appeal be made to the National Association for the Advancement of Colored People to aid us in this matter.

Installation of new officers was impressively performed by Rev. Henry L. Phillips, Archdeacon of the Philadelphia Diocese of the Episcopal Church.

Miss Clarke was confirmed Honorary President. We were also pleased to have in our midst again Miss M. P. E. Mahoney, our chaplain, and the oldest colored graduate nurse in America.

Officers for the ensuing year:

President, Mrs. Rosa L. Williams, Jacksonville, Fla.

1st Vice-President, Miss T. J. Mitchell, Norfolk, Va.

2nd Vice-President, Miss S. E. Christie, New York, N. Y.

Recording Secretary, Miss M. Annie Thomas, Washington, D. C.

Corresponding Secretary, Mrs. C. Sharp Morgan, Richmond, Va.

Treasurer, Mrs. N. L. Kemp, Philadelphia, Pa.

The social side of the convention was exhibited in the tea and receptions which followed the session. The reception given by the Philadelphia Graduate Nurses Association was made spicy by the attendance of Hon. Harry W. Bass, secretary of the Emancipation Exposition Commission. He welcomed the nurses to the city in fitting words. The tea at the Douglass Hospital was a unique affair, and the reception given by Mercy Hospital—last but not least—gave the nurses an excellent opportunity to give to sister nurses and many friends a farewell hand-shake.

Extracts from paper read before the I. C. N. in Cologne, Germany, August, 1912:

To the International Council of Nurses:

I bring you greetings from the National Association of Colored Graduate Nurses of America, and I beg of you to accept my humble report of the social work being done by our nurses.

In this age of civilization, this phrase, "social work," so much talked of now, is nothing new. I know not its origin, but the Christian Negro woman has always been much concerned about the condition of her neighbor. History records but few of the sacrifices made by women of my race. These women had neither education, money, nor influence, but with their unlimited faith in the power of prayer, they gave unreservedly all they possessed to help make conditions possible for the uplift of the younger members of their race. We realize that in this age, we need trained Negro women to cope with the existing conditions among our people, and with this realization in mind this body of Colored Graduates Nurses met in New York City in 1908 to adopt some plan by which, with their united efforts, they might help to alleviate the ignorance and suffering among our people. We had high ideals, we could see the needs of our people as no one else could, and you as a body of women engaged in such work, know better than I can tell you, just what is needed to start or carry on work of this nature. Your expression of interest in the work of the Colored Graduate Nurses at this time is indeed an inspiration to them.

The visiting nurse is an important factor in the philanthropic work of all large cities, country towns, and wherever the physical care of human beings is concerned, she works in connection

with the Board of Health, City Charities, private physicians, and among the poor wherever called upon.

From Richmond, Va., we have an excellent report of social work being done by ten graduate nurses. These nurses are giving all their spare time and money towards this noble work.

During the past year they have carried sunshine, food and medicine to three hundred and fifty destitute persons. The city dispensaries furnish them with paper napkins, ice tickets and sputum cups to be used for tubercular patients.

In Norfolk, Va., the Graduate Nurse Association is supported by the City Union of Kings' Daughters and voluntary contributions. Recently the Metropolitan Life Insurance Company has aided them financially by paying them a small fee for the policy holders who needed their services. During the past year they have made twelve hundred and forty visits. In North Carolina, we have the Lincoln Training School where young Negro women are trained and sent into the homes of the poor to teach them hygiene and how to properly care for their children. This school is filling a long-felt need in this section of the country. In West Virginia, the Negro nurse and doctor have instituted a Day Camp for tubercular patients, there being no provision made by the State for such cases. These patients go there and spend the day. They are taught how to prevent the spread of the disease, and are given fresh eggs and milk three times a day. These, in many instances, are supplied by the farmers who have become interested in this work.

In the larger Southern cities, cases simply needing relief are referred to the United Charities. In many of the smaller cities where no such organiza-

tion exists, this work is carried on by the monthly contributions of our nurses. Their services have been given gratuitously. Last winter, in the Mississippi Valley, where the great flood was raging, more than one thousand people were deprived of their homes and all they possessed. A camp was opened by Mayor Crump for these unfortunate people. More than nine hundred of this number were Negroes. One of our nurses was placed in charge of this camp, and through her efforts a milk station was started, where the mothers could get milk for their babes. She taught them hygiene as best she could under such conditions, and we feel that her efforts were well rewarded, there being only one death reported during the months she was in charge.

When we consider the admirable work being done by our nurses in the Southland, we are forced to believe that with the co-operation of such organizations as we have in the North, the good accomplished would exceed our greatest desire. The Negro nurses in New York, Pennsylvania, and other Northern States are doing their share in the social movement, but they, unlike the nurses in the Southland, have the advantage in the organized and systematized work for which remuneration is

received. Our colored nurses are engaged with the Board of Health Department, at the milk stations, investigating tubercular cases, district nursing settlement work, day nurseries, and orphan asylums. Her field of usefulness in the North among her people cannot be over-estimated. It is realized that the prophylactic work being done by these nurses in their various positions are indispensable.

I am indeed proud to be numbered among this body of noble women, who, with all the advantages of higher education, have retained that missionary spirit which is so commendable in the sight of God. I thank you.

This paper was published in the *British Journal of Nursing*, and had I the space, I would have Mrs. Williams' entire report of the Council printed, for only by reading the entire report, can it be appreciated. The next Congress will be held in San Francisco, California, in 1915, and it is to be hoped that the Association will be able to send a delegate who will represent us as admirably as did Mrs. Williams.

The National Association of Colored Graduate Nurses was cordially invited to convene in Norfolk, Virginia, in 1914.

Elvira F. Beckett,

Correspondent to N. M. A. Journal.

SOCIETY AND PERSONAL

Dr. F. L. Etter of Paris, Texas, was in the city of Nashville, Tenn., his former home, during the month of September to wind up the estate of his uncle, lately deceased.

The Rock City Academy of Medicine and Surgery of Nashville, Tenn., held its annual election of officers Monday night, October 6th, 1913. Interest was intense and attendance large. The following were elected for the year 1913-1914:

Dr. Geo. W. Bugg, President.
Dr. J. T. Phillips, Vice-President.
Dr. H. H. Walker, Secretary.
Dr. J. A. McMillan, Treasurer.
Dr. W. R. Baker, Assistant Secretary.
Dr. J. A. Lester, Historian.
Dr. W. A. Reed, Statistician.
Dr. C. O. Hadley, Librarian.

Minutes of the Tri-State Dental and Pharmaceutical Association of Georgia, Florida, and Alabama.

The first session of the Tri-State Association of Physicians, Pharmacists, and Dentists opened in Ebenezer Church, Jacksonville, Fla., February 21, 1912, at 10 a. m.

Meeting was called to order by Dr. J. Seth Hills, President, of Jacksonville, Florida.

Prayer was offered by Rev. Dr. Frazier, of Jacksonville.

The secretary read the report of the temporary organization of the Association in Athens, Ga., May, 1911. At the meeting Dr. J. Seth Hills, of Jacksonville, Dr. A. M. Brown, of Birmingham, Dr. L. B. Palmer, of Atlanta, Ga., were chosen president, treasurer, and secretary respectively of the Tri-State

Association. Jacksonville was chosen as the place of the first meeting.

On motion of Dr. W. C. Smalls, the report of the Committee on Constitution and By-Laws was read. The Constitution and By-Laws was read and adopted in sections as follows:

A very able paper on the "Early Diagnosis and Treatment of Gynecological Affections" was read by Dr. H. C. Scott, of Montgomery, Alabama. This paper was discussed by Dr. A. W. Smith, of Jacksonville.

The following registered and paid dues, \$2.00 each:

1. Dr. A. M. Brown, Birmingham, Ala.
2. Dr. U. G. Mason, Birmingham, Ala.
3. Dr. L. U. Goins, Birmingham, Ala.
4. Dr. I. B. Kigh, Birmingham, Ala.
5. Dr. H. J. Wilson, Cordele, Ga.
6. Dr. C. V. Freeman, Dentist, Jacksonville, Fla.
7. Dr. S. Means Plair, Pharmacist, Jacksonville, Fla.
8. Dr. Jos. R. Hamilton, Dentist, Atlanta, Ga.
9. Dr. D. H. C. Scott, Montgomery, Ala.
10. Dr. T. L. Jefferson, West Palm Beach, Fla.
11. Dr. W. H. Harris, Athens, Ga.
12. Dr. H. A. Anderson, Dentist, Jacksonville, Fla.
13. Dr. J. W. Huguley, Americus, Ga.
14. Dr. I. A. White, Marianna, Fla.
15. Dr. S. M. Frazier, Miami, Ga.
16. Dr. L. P. Walton, Atlanta, Ga.
17. Dr. R. R. Williams, Ocala, Fla.
18. Dr. S. P. Livingstone, Jacksonville, Fla.
19. Dr. G. P. Patterson, Jacksonville, Fla.

20. Dr. C. F. Duncan, Fernandina, Fla.
21. Dr. J. G. Freeland, Jacksonville, Fla.
22. Dr. A. T. Chisolm, Greensboro, Ga.
23. Dr. S. H. Thompson, Kissime, Fla.
24. Dr. W. C. Smalls, Jacksonville, Fla.
25. Dr. G. W. Brewer, Jacksonville, Fla.
26. Dr. C. H. Johnson, Atlanta, Ga.
27. Dr. R. L. Brown, Jacksonville, Fla.
28. Dr. J. H. Shaw, Jacksonville, Fla.
29. Dr. J. B. Stevens, Darien, Ga.
30. Dr. M. F. McCleary, Jacksonville, Fla.
31. Dr. J. P. Thompson, Elberton, Ga.
32. Dr. W. W. Plummer, Jacksonville, Fla.
33. Dr. J. H. G. Williams, Milledgeville, Ga.
34. Dr. J. Harvey Smith, Jacksonville, Fla.
35. Dr. W. W. Schells, Jacksonville, Fla.
36. Dr. A. Walls Smith, Jacksonville, Fla.
37. Dr. F. C. Caffey, Montgomery, Ala.
38. Dr. W. E. Braswell, Dentist, Macon, Ga.
39. Dr. G. N. Stoney, Augusta, Ga.
40. Dr. G. W. Gunn, Tallahassee, Fla.
41. Dr. J. Seth Hills, Jacksonville, Fla.
42. Dr. L. B. Palmer, Atlanta, Ga.
43. Dr. E. Carrie Mitchell, Ocala, Fla.
44. Dr. J. J. Mitchell, Cordele, Ga.
45. Dr. D. H. Brown, St. Augustine, Fla.
46. Dr. W. H. Hampton, Palatka, Fla.
47. Dr. E. B. Terry, Columbus, Ga.
48. Dr. S. Campbell, Jacksonville, Fla.
49. Dr. John A. Kenney, Tuskegee Institute, Ala.
50. Dr. J. E. Nash, Brunswick, Ga.
51. Dr. R. W. Butler, Jacksonville, Fla.
52. Dr. J. A. Butler, Pharmacist, Jacksonville, Fla.
53. Dr. Wm. H. Hawkins, Montgomery, Ala.
54. Dr. C. Stephens Haynes, Athens, Ga.

February 21, 1912.

The Association held a public meeting Wednesday night at 8:00 o'clock in the Bethel Baptist Institutional Church.

The program was as follows:

Call to order, Pres. J. Seth Hills.

Invocation, Rev. John E. Ford.

Instrumental Duet, Mesdames Baker and Brewer.

Address of Welcome on behalf of the city of Jacksonville, Mr. W. L. Lewis.

Response, Dr. G. N. Stoney, Augusta.

Vocal Solo, Mrs. D. E. Underwood.

Address of Welcome on behalf of the Medical Association of the city of Jacksonville, Dr. S. M. Plair.

Response, Dr. L. B. Palmer.

Address of Welcome on behalf of the Florida State Association, Dr. L. T. Jefferson, West Palm Beach, Fla.

Response, Dr. C. V. Roman, Nashville, Tennessee.

Vocal Solo, Mrs. Cora B. Heard.

Paper, "The Common Housefly as a Carrier of Disease," Dr. W. H. Harris, Athens, Ga.

Vocal Solo, Miss Pearl Wimberly.

Paper, "Dentistry Yesterday and Today," Dr. W. E. Braswell, Macon, Ga.

Vocal Solo, Miss Pearl Mitchell.

Paper, "Tuberculosis," Dr. A. M. Brown, Birmingham, Ala.

Paper, "The Negro Physician an Unappreciated Public Servant," Dr. A. W. Smith, Jacksonville, Fla.

Chorus, Mt. Zion A. M. E. Choir, Prof. A. St. George Richardson, Director.

Benediction, Rev. N. E. Spatches.

February 22, 1913.

Meeting was opened at 11 a. m., in Ebenezer A. M. E. Church. Prayer was offered by Rev. Newman. In the absence of the president, Dr. A. M. Brown, of Birmingham, presided.

Minutes of the last meeting were read and approved. The temporary treas-

urer, Dr. A. M. Brown, made the report, which was as follows:

Receipts:

Ala. State Association.....	\$10.00
Ga. State Association.....	10.00
Fla. State Association.....	10.00
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	\$30.00

Expenditures:

To Secretary for Printing, Correspondence, etc.....	\$20.00
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Balance on hand.....\$10.00
 On motion the treasurer's report was received and approved.

The temporary secretary, Dr. L. B. Palmer, then made his report as follows:
 Expenditures for postage, printing, etc\$36.75
 Received from Treasurer..... 20.00

Due Secretary.....\$16.75

The secretary's report was received and approved.

Paper, "Use of Magnesium Sulphate in Tetanus," Dr. E. Carrie Mitchell, Ocala, Fla.

Discussion by Drs. C. H. Johnson, J. O. Butler, D. H. Brown, J. Harvey Smith, W. J. Gunn, T. J. Jefferson, M. T. McCleary, H. J. Wilson, and C. F. Duncan.

Paper, "Diseases of the Mouth and Their Relation to the General Health," Dr. C. V. Freeman, Jacksonville.

Discussion by Drs. Chas Hoskins, J. R. Hamilton, and H. A. Anderson.

Paper, "The Borderline of Specialism," Dr. C. V. Roman, Nashville, Tenn.
 Adjournment.

On the night of February 22nd, the citizens of Jacksonville tendered the visitors a banquet and dance at the Odd Fellows' Hall.

Meeting opened at 11 a. m., in Ebenezer M. E. Church, Dr. J. Seth Hills,

presiding. Called to order by president. Minutes of last meeting were read and approved.

Paper, "Incompatibilities in Prescriptions," Dr. R. W. Butler, Jacksonville. Discussed by Drs. Wilson, Duncan, Stoney, Brown, Livingston, Smith, Caffey, and Plair.

Paper, "Hydrophobia," Dr. W. W. Plummer, Jacksonville. Discussed by Drs. Palmer, Mitchell, Gunn, and others.

Paper, "Exercise as a Therapeutic Agent," Dr. Frank S. Caffey, Montgomery, Ala. Discussed by Dr. W. C. Small and others.

Telegrams were read from Dr. J. A. Kenney, Tuskegee Institute, Ala., and Dr. D. W. Roberts, of Saint Augustine, Fla., regretting their absence and wishing the Association success.

Dr. Roman, editor of the Journal of the National Medical Association, presented the claims of the Journal, and on motion of Dr. A. M. Brown the Journal was adopted as the official organ of the Tri-State Association.

On motion of Dr. G. N. Stoney, the Association voted \$10.00 to the Ebenezer Church, \$3.00 to the Bethel Church, and \$15.00 to the reporters of the daily papers.

On motion a resolution was adopted, tendering the thanks of the Association to the churches for the use of their auditoriums and to the reporters of the Times-Union and the Metropolis for their excellent daily reports of the meetings.

On motion one-third of dues received at this meeting was voted to the Local Association for expenses.

The secretary reported the financial condition of the Association as follows:
 Balance in Treasury.....\$ 10.00
 Dues 110.00

Total.....\$120.00

Expenses

Reporters of the Daily Press	\$15.00
Ebenezer Church	10.00
Bethel Church	3.00
Due Secretary for postage, printing, etc	16.75
Local Association	36.00
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Total	\$80.75
Balance on hand	39.25

The Association at this time voted to go into the election of officers for the ensuing term of two years. The following officers were elected:

President, Dr. L. B. Palmer, Atlanta, Ga.
Vice-President, Dr. H. A. Anderson, Jacksonville, Fla.

Secretary, Dr. John A. Kenney, Tuskegee Institute, Ala.

Treasurer, Dr. S. M. Plair, Jacksonville, Fla.

Assistant Secretary, Dr. J. R. Hamilton, Atlanta, Ga.

Corres. Dent. Sec'y, Dr. W. E. Braswell, Macon, Ga.

Corres. Phar. Sec., Dr. R. W. Butler, Jacksonville, Fla.

Executive Board:

Drs. Seth Hills, G. W. Stoney, F. C. Caffey, C. V. Freeman, Hoskins, W. H. Watkins, S. M. Plair, J. N. Kigh, Moses Amos.

Committees:

Program and Season.—Drs. W. C. Small, J. A. Kenney, C. H. Johnson, W. J. Gunn, L. B. Terry.

Medical Legislation.—Drs. D. H. C. Scott, J. W. Butler, J. H. G. Williams.

Credentials.—Drs. A. W. Smith, D. W. Roberts, L. P. Walton.

Dr. A. M. Brown, of Birmingham, was elected representative of the Tri-State Association to the meeting of the National Medical Association in Tuskegee next August. Dr. W. C. Smalls was elected historian of the Association. Dr. C. V. Roman, Nashville, Tenn., was

elected honorary member of the Association.

On motion, Atlanta, Ga., was chosen as the place for the next meeting, in 1914.

A vote of thanks was tendered the citizens of Jacksonville for the hospitality shown the Association during its stay in the city.

At the last state medical examination in Alabama, June 8, 9, 10, and 11, 1913, there were ninety applicants. Forty-five passed and forty-five failed. Of the applicants, eighty-five were white and five colored. Of the five colored applicants, three passed. Thus giving the Negroes a higher percentage of success than the whites.

Out of those passed there was Dr. O. O. Perry, interne at the Tuskegee Institute Hospital, and a graduate of the Howard Medical School, Class '13. The other two who passed were graduates of Meharry Medical College, Drs. F. D. Bradford and Wm. Saunders, '13.

To the Editor of the Journal:
Dear Sir:

If you will allow me a little space I would like to express my opinion of the last National Meeting.

Upon a whole, the meeting was excellent; the local committee did everything in its power to make it pleasant for the visitors, and I think every one went away well satisfied with our entertainment.

There is, however, one criticism which I wish to offer, that is, the tendency for everything to run to surgery, while medical clinics was entirely neglected.

Even in the surgical clinics, I believe the same mistake, which seems to prevail all over the country, is being made by having so many men to operate. A few operations done by the best men

study the history and pathology of the who have had a chance to previously cases and who can give a reason for the operation would be worth a great deal more than the many who simply cut without being able to tell why.

It is a sacred thing to take the life of another in one's own hands, and it should not be done without having some definite purpose in view. That purpose can only be had by careful diagnosis. It is a mistake for every man to think that he can operate, without having been trained for that special line. To be a good surgeon, one must be a good diagnostician or his patients will be coming back to him, after the operation, telling him that they are suffering from the same pains as before. It is not sufficient to operate simply because the patient or his friends feel that he needs an operation. The surgeon should be convinced in his own mind that an operation is the best thing possible for that patient, and this opinion should not be formed until careful study has been given the case.

I feel that, as yet, the majority of our young men ought to devote their time to internal medicine. There is a great field for any man who is willing to study and there is no higher calling than the one of internal medicine. It is the internist who is doing the great research work and putting medicine to the front as it never was before in the history of the world.

I trust that at the next meeting we may have an opportunity for a good medical clinic where we may be able to study together some of the pathological conditions which we are meeting in every-day practice.

Val Do Turner, M. D.

Dr J. A. Kenney spent October 19th, 20th, and 21st at the Quality Hill Sani-

tarium, Monroe, N. C., of which Dr. J. S. Massey is proprietor. While there he conducted a surgical clinic, performing several delicate operations. He was assisted by Dr. E. F. Tyson, a brilliant young physician of Charlotte, N. C., and by Drs. Massey and Craig, of Monroe. Dr. Massey deserves great credit for having established, single-handed, such a creditable little institution, which is deserving of the liberal patronage of the people of his community.

SMALL-POX VACCINATION

Incited by an editorial in American Medicine, criticizing certain statistics of Kitasato and the British Royal Commission which throw doubt on the long duration of vaccination immunity, A. W. Lescohier, Detroit (Journal A. M. A., August 16), publishes the results of his own investigation of 215 patients revaccinated from one to thirty years after a successful vaccination. He finds a surprisingly large number of successful "takes" though varying greatly in the different intervals. Thus he found 28 per cent successful after a year after the last successful vaccination, 33 per cent after two years, 48 per cent after three years, 50 per cent after five years, 85 per cent after ten years, 91 per cent after eleven years. The numbers of cases at each interval were not large, and this must be considered, but on the whole his findings accord fairly well with those of Kitasato, who deduced from his own investigations that immunity is practically nil after ten years. Lescohier admits that these figures can hardly show the actual immunity given by one successful vaccination, as it is reasonable to suppose that higher resistance would be required against a direct inoculation than against infection in the usual way. It is, moreover, a universal experience that small-pox is rare in individuals who have been vaccinated within five or six years. Still he thinks the country is not adequately protected and there is too great an apathy in regard to revaccination even amongst the medical profession.

ITEMS OF INTEREST

Abstract of paper to be read at the Minneapolis Meeting of American Medical Association, June 17-21, on "The Results of Tonsillectomy Under Local Anesthesia," by Bryan DeForest Sheedy, M. D., of New York.

All of the one hundred cases reported upon by the reader of the paper were examined several months after operation and no patient under fourteen years of age was operated upon under local anesthesia. There was no grouping of the patients examined as to whether the throat conditions were the result of operation under local or general anesthesia. The enucleation of the tonsils had been performed by some one of the many methods in vogue for the last few years for the complete removal of the gland and as the operations were performed in practically all the public institutions in New York City, many men of prominence in Laryngology were the operators, so that the results could not be attributed to poor technique on the part of one man.

The writer arrived at the conclusion that tonsillectomy, so far as removing pathological tonsils is concerned, is a better operation than the old time tonsillatomy; but pointed out that many of the throat defects following the operation of enucleation are due to clumsy and non-surgical technique.

The writer also pointed out the normal relation of the surrounding parts to the tonsil and put up a strong argument against the use of sharp instruments for the dissection of the tonsil from its bed, that being the cause of in-

jury to the muscles with resulting deformities.

Of the one hundred cases examined months after operation, more than 80 per cent of the patients had deformed throats. The 20 per cent of patients, with what appeared to be normal throats, following the operation, were inconvenienced in no way at any time following the operation. Of the eighty patients, thirty-four complained of speech defects for from one to three weeks after operation, sixteen complained of speech defects for more than three months after operation, while four had practically lost the singing voice. About 25 per cent of the patients stated that their throats felt better and that they could speak and sing better after operation than before. Inability to use certain words had continued with 5 per cent of the patients for more than six months after operation.

The variety of deformities following enucleation were classified as follows:

(1) The pillars on both sides had disappeared with the soft palate tightened to such an extent that the opening at the nasopharynx was narrowed.

(2) The pillars on both sides had grown together.

(3) The anterior pillar had wholly disappeared with a large amount of cicatricial tissue deposited on the posterior pillar.

In the four patients whose singing voice had been seriously affected the posterior pillar had disappeared through amalgamation with the anterior or with the lateral wall of the pharynx.

The reader emphasized the fact that

he did not think the last word had been said in regard to tonsil enucleation and proposed as a remedy for preventing the unsatisfactory throat results an operation for removing the tonsil by what he called the "Eversion Method," and with charts and diagrams pointed out that the capsule of the tonsil is simply a bag, the bottom of which may be pulled through its mouth so that its inner surface becomes the outer and that if the capsule with its granular tissue is everted and a snare placed on, removing the tonsil with its capsule complete (there being no dissection and therefore no injury to the muscles surrounding) there would be no deformities.

The exceptions to the rule presented, viz.: that the tonsil will evert on traction, were,

(1) Those cases in which the capsule was bound down to the surrounding tissues by previous attacks of inflammation.

(2) Those cases where the capsule was very much contracted and contained cicatricial tissue only.

(3) Those cases of hypertrophied tonsils which had everted themselves and the tonsil was found everted when the patient applied for treatment.

The points advanced in favor of the procedure were:

(1) Simplicity of the operation.

(2) Practically no hemorrhage.

(3) Little or no deformity following the procedure.

(4) Only three instruments necessary for the operation, viz., Tonsil Tenaculum, blunt-pointed tonsil knife, Tyding Snare.

NITROUS OXID ANESTHESIA

H. G. Sloan, Cleveland (Journal A. M. A., September 13), points out the advantages of nitrous oxid anesthesia over other forms. It produces anesthesia by its interference with the use of oxygen by the brain cells and in no other way, while ether acts by dissolving the lipoids of the brain and thus puts to sleep the defending phagocytes. Lung complications with nitrous oxid are not more frequent than without an anesthesia and he has never seen a fatal case. It has no active action in producing nephritis and it is the anesthetic of choice for diabetics. The dangers and difficulties of its administration are technical and controllable as opposed to those of ether, which are chemical and uncontrollable. In the technical control of nitrous oxid the induction of anesthesia should be so gradual and careful that there is no cyanosis or muscular twitching on the way to unconsciousness. This is not so deep as that for ether, and under certain circumstances ether may be needed to supplement it, as in topers and in highly nervous cases and in certain abdominal operations. Muscle tone is not so completely abolished as the patient is nearer consciousness and some

patients result subconsciously. To overcome this factor, preliminary hypodermic injections of morphin and scopolamin can be used. This dulls the perception and assists the mental condition of the patient. Muscle trauma is another factor in muscular rigidity and it is disposed of by blocking the field with a 1:400 novocain solution. Only from one-half to two-thirds of the usual amount of anesthetic is required when the operation is done under complete and anoci-association. There is less shock under nitrous oxid than under any other anesthetic. "Technically this form of anesthesia is more difficult and exacting for the surgeon, yet I feel that we are amply repaid in sacrificing our convenience for the best interest of the patient because, first, our patients have returned to their work in progressively better condition; secondly, our mortality has progressively decreased so that in the last thousand cases in the surgical service at Lakeside Hospital in which anesthesia was given by the anoci method, there was a total mortality of only 0.8 per cent. The comfort of the patient at large has become such a marked feature that the public with us is coming to demand this dual form of anesthetic."

CURRENT MEDICAL THOUGHT

By U. GRANT DAILEY, M. D.

The Nephritides in the Light of Recent Studies

No field of internal medicine has undergone more varied changes, in conceptions as to their natures as have the non-suppurative renal lesions. By common usage, these anomalies have been closely grouped under the designation "Bright's Disease," since that physician in 1827 first described typical cases with the classical symptoms, albuminuria and dropsy.

Common as Nephritis is, both in acute and chronic forms, and as much clinical and pathological study as has been bestowed upon this group of diseases, much confusion still exists. The very multiplicity of classifications that have had vogue is an indication of the unsettled state of knowledge in this domain, particularly as regards the chronic cases. Up to the most recent times, the convenient division into acute and chronic, parenchymatous, interstitial, and diffuse (the more usual form) served well for clinical and pathological purposes; but it would appear from a survey of recent literature, that specialists in this field are dissatisfied with the grouping. It is apparent that conceptions of renal disease are just now undergoing radical revision. Accumulated experience is showing that albuminuria is not necessarily a sign of nephritis, and the converse, that nephritis may exist for a while without the recognizable presence of albumin in the urine. The studies, gross and microscopical, of post mortem specimens, especially in the borderline cases, has increased, rather than lessened the confu-

sion. Indeed pathologists frequently disagree in reporting on specimens as to what is and what is not, a nephritis.

The more general use of the Sphygmomanometer is throwing gleams of light on renal problems. It may be said here that, although the present hypertension without other assignable cause, is highly presumptive evidence of the presence, perhaps latent, of nephritic changes, it is important to remember that this is not invariable. The clinical phases of hypertension in relationship to nephritis are interestingly discussed in a recent paper by Joseph L. Miller (*Journal of A. M. A.*, Oct. 4, '13). He quotes statistics showing that 80 per cent to 90 per cent of patients showing tension over 200 mg. have renal changes, even in the absence of albumin and casts. Well established, however, as this fact has become, we are yet totally in the dark as to the manner of the production of increased blood pressure in kidney lesions.

Of greatest importance in the development of newer conceptions, have been the experimental functional studies; and it is probably through this method that we are to look for ultimate clarification of the problem of the nephritides.

Functional tests have furnished a new classification much more satisfying than those of the past. Milton Goldsmith (*Journal A. M. A.*, July 5, '13, p. 23) contributes an article which epitomizes the present status of this new phase of the subject. Experimentation with numerous substances irritating to the kidneys has developed the fact that certain irritants may injure separately either one

of the functional units (glomeruli, tubules) without affecting the other. Thus, salts of chromium or corrosive sublimate cause changes in the tubules, while the administration of arsenic or cantharides is followed by changes in the glomeruli. Therefrom are differentiated two forms of nephritis: tubular, with large amounts of albumin and casts, and vascular (glomerular), with little albumin and cast, but many red blood corpuscles. Through further experiments (Schlayer, *Med. Klin.*, 1912 VIII. No. 37) it was found that certain substances had definite normal rates of excretion, which rates were delayed by one or the other form of nephritis. It thus became possible to differentiate *intra vitam* the type of nephritis. It was found that animals with tubular nephritis eliminated milk sugar within the normal time, whereas the elimination of sodium chloride and iodine was greatly delayed. On the other hand, those suffering with the vascular type milk sugar excretion was delayed, while salt and iodine passed out normally.

Without following the extended theoretic discussion, it may be said that the experiments applied to patients coincided qualitatively with what had been found in animals, permitting a primary classification into tubular and vascular nephritis, each showing specific manifestations. Still another form not so susceptible of experimental demonstration is the so-called azotemic type. The classification, as will be shown, is of value in therapy, for although many cases are not pure, one type will always predominate in indicating the line of treatment.

The clinical features of the three types are briefly, as follows:

Tubular (or chronic) nephritis shows edema, scanty urine, many casts, and **abundant albumini**; few or no **red blood**

cells. Sp. gr. is low, sodium chloride content greatly lessened. Cardiac hypertrophy, hypertension, albuminuric retinitis, and uremia are all absent, except possibly in the terminal stages.

Vascular nephritis (corresponding to the contracted kidney, chronic interstitial nephritis) is characterized by a predominance of the cardio-vascular manifestations. The patient is apt to consult the physician because of heart symptoms. There are cardiac hypertrophy, accentuated second aortic, beginning atheroma and high blood pressure. The patients appear well, but are liable to apoplexy and hemorrhages from mouth, nose, stomach, uterus, lungs, retina and sclera. Urine is plentiful, of low specific gravity; albumin and casts are trifling in quantity or absent. Edema also is absent, except when due to cardiac incompetence. True albuminuric retinitis and uremia do not occur, except in the terminal stages. Certain subjective symptoms, as hemicrania, substernal pain, asthmatic attacks, sleeplessness, angina pectoris and attacks of pulmonary edema, often looked upon as uremic, are in reality due to vascular spasm (vascular crisis of Pal), the result of arterio-sclerosis and high blood pressure. The occasional attacks of paresthesia and of transient hemianopsia are of like nature.

An acute form of vascular nephritis is also recognized; follows cases of tonsillitis, scarlet fever; less often diphtheria and exposure to cold. There are hematuria, albumin and casts. Edema slight or none at all. Symptoms are mild and the disease is often overlooked.

In the third (Azotemic) form there is retention of nitrogen and symptoms of uremia. "Protein foods cause an exacerbaton of uremic symptoms, these symptoms being headache, great tiredness, disgust for meat, nausea and vom-

iting. The vomit may smell of ammonia and the stools strongly alkaline. Later, come diarrhoea, convulsions and unconsciousness. It is in these cases that true albuminuric retinitis occurs, and occasionally hemorrhagic pericarditis and pleuritis. Necropsy often shows intestinal ulcers. This form may occur without uremia or high blood pressure; and the functional tests show no change in the elimination of salt and milk sugar while we know what parts of the kidney eliminate salt, iodine, and milk sugar, the site of elimination of the nitrogenous bodies is still a mystery."

The abstracter has had the opportunity of studying clinically some cases of nephritis from this viewpoint, and in this department in the next issue will appear a discussion of the treatment of the various forms just described. Dr. A. W. Williams, Dr. S. C. Dickerson, and my assistant, Dr. Lawrence Blanchet, have collaborated with me in many of these cases.

PEDICULOSIS CAPITIS AMONG SCHOOL CHILDREN

Jacob Sorel, of the Division of Child Hygiene in the New York City Board of Health, contributes quite a lengthy article on this subject (New York Medical Journal, Oct. 4, '13).

He comments at some length upon the fact that the infestation is decidedly less among colored than among white children. A chart comparing some conditions of the two races is interesting.

In 160 white homes from which came pediculi-infested children, 87 (54 per cent) were "filthy;" among 13 colored homes in which lived children so infected, none were rated "filthy."

In the same series, the whites showed 29 "dirty," the colored 7 (54.6 per cent). In terms of percentage, 72 per cent of white homes were filthy and "dirty," while 54.6 per cent of colored were dirty and none filthy. 23 or somewhat more than 14 per cent of the white homes were "fair;" 22, or 15.4 per cent, colored were fair. Of "clean" homes there were 22, or 13.6 per cent, among the whites, and 4, or 30.7 per cent, among colored.

None of the pediculi-infested of either race came from "very clean" homes.

An inspection of homes in which the children were free from pediculi was also made. The comparison is as follows:

Among sixty white homes, six, or 10 per cent, were rated "dirty," while among the twenty-seven homes (colored) one, or 3.7 per cent, were so rated. Twelve white homes, or 20 per cent, and 2 colored homes, or 7.3 per cent, were counted "fair." Of clean homes there were 34, or 56.6 per cent, estimated "clean" among the white, and while 22, or 81.4 per cent, were considered clean among the colored families, eight, or 1.3 per cent, of the white were considered "very clean;" two, or 7.3 per cent, of the colored, homes received this rating.

BOOKS, LAY PRESS, ETC.

"Pocket Cyclopedia of Medicine and Surgery"—Gould and Pyle, second edition; P. Blakiston's Son & Co. \$1.00.

This is a convenient and compact digest, alphabetically arranged, strongly and neatly bound and small enough to be easily slipped into a coat pocket or satchel; sufficiently comprehensive for ready reference. It will prove a powerful mnemonic support to the intelligent and well-prepared neophyte whose medical lore has not yet been anchored by experience.

The Negro Year Book, by Monroe N. Work, of Tuskegee Institute, Ala. An "Annual Encyclopedia of the Negro" has many interesting facts concerning the Negro. The edition for 1913 is a Fiftieth Anniversary number and is well worth a place in any library. It is invaluable to the educated Negro who is interested in his race. For sale by the author.

Manual of Otology.—Bacon; pp. 536, Lea & Febriger, New York and Philadelphia. This is a reliable and readable text book on the ear and its diseases, suitable for students and practitioners.

No. 138 of Vol. XLIX. of "The Annals of the American Academy of Political and Social Science," September, 1913, is devoted to the progress of the Negro in fifty years. The articles are interesting, instructive, and, on the whole, optimistic.

"The National Negro Newspaper Directory" by Henry Allen Boyd, corresponding secretary National Negro Press Association, is a valuable brochure of handy reference to Negro editors and those interested in Negro publication.

The 38th Annual Report of the City Health Officer of Nashville, Tenn., is a booklet replete with valuable data.

"Transactions of the Luzerne County (Pa.) Medical Society for the years ending December 31st, 1911-1912," forms a readable volume that must be of intense interest to its members. It certainly is a good model for local societies to imitate.

"Westborough State Hospital Papers (Series I. 1912). A testimonial to George Smith Adams, M. D. Edited by Solomon C. Fuller, M. D."

This is a paper-bound volume of over 200 pages. The matter is of the highest professional interest, and the editing has been done with a nicety of discrimination that is refreshing. The treatment of insane people as patients rather than prisoners is an evolution of medical practice and modern civilization. Westborough Hospital, both in name and management, gives tangible objectivity to this idea. The volume is a valuable contribution to the literature of Psychiatry.

"The South Mobilizing for Social Service" is a neat, well-printed volume of seven hundred pages, containing the papers delivered at the second session of the Southern Sociological Congress held in Atlanta, Ga., April 25-29, 1913. For sale by the editor, Rev. J. E. McCullough, 323 Sixth Ave., No., Nashville, Tenn. Price \$2.00.

"The Human Way" is a booklet containing the papers of the Race Problem Section of the above-mentioned volume. For sale by the same editor. Price 40 cents.

"The Negro at Work in New York City." A study in Economic Progress, by Geo. Edmund Haynes, Ph. D., Some-time Fellow of the Bureau of Social Research, New York School of Philanthropy, Professor of Social Science, at Fisk University. This is a paper-bound volume of 150 pages, being No. 3 of Vol. XLIX, Studies in History, Economics and Public Law, edited by the Faculty of Political Science of Columbia University.

The excellence of this work is attested by the fact that it was accepted as the author's thesis in his work at Columbia University for the degree of Ph. D. It is a veritable mine of information. One is puzzled to tell which is the more valuable and interesting, the facts themselves or the author's comments thereon. Many unwelcome facts are brought to light, but the conclusion "that the Negro is slowly but surely overcoming the handicaps of inefficiency and prejudice" is comforting to all good citizens.

The Annual Reports of Drs. R. T. Hamilton and F. L. Etter, Grand Medical Examiners for the G. U. O. O. F. and K. of T., respectively, for the State of Texas, both show care and skill in the management of their departments. These reports are well worth perusal by those interested in fraternal insurance.

Safe Antiseptics in Gonorrhea

Tincture of iodine irrigations in solution of from one to four drachms to a

quart of hot water is said to be one of the safest and best antiseptics that can be used in gonorrhea. The strength of the solution and number of irrigations a day depends upon the stage of the disease. To keep the urine bland and non-irritating, sanmetto should be administered in teaspoonful doses three or four times daily throughout the treatment. In cases of extreme acidity of the urine, one of the potassium salts will be found helpful.

Reading Notices From Miller Drug Co.

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Local Anesthesia

The recent developments in the field of local anesthesia in surgery are noticed by J. F. Mitchell, Washington, D. C. (Journal A. M. A., September 13). Probably the greatest factor in causing the popularity of the method has been the introduction of novocain as a substitute for cocain. It has the advantage of being about seven times less toxic than cocain and its solution stands boiling. It is conveniently supplied in tablet form in combination with synthetic suprarenin and can be dissolved in 0.6 per cent salt solution to which has been added a little hydrochloric acid. For infiltration purposes 0.25 to 0.5 per cent solutions are used and as much as 125 c.c. of the latter strength may be safely injected. It is a little slower in action than cocain and where small amounts only are necessary, Mitchell still uses it, but for all larger infiltrations novocain is the choice. Urea and quinine hydrochlorid is another useful local anesthetic. It has in its favor its practically negative toxicity, its control of postoperative bleeding and the duration of its anesthesia for hours or days, thus eliminating postoperative pain. It is suited, therefore, for rectal work and is said to be specially useful in tonsillectomy. The usual strength of solution is from 0.5 to 1 per cent. Anesthesia is obtained slowly and operation should be delayed at least fifteen or twenty minutes. The most of Mitchell's paper is taken up with the uses of novocain. Bier's venous infiltration method is described as a useful addition to operations in nonseptic conditions of the limbs, but the discomfort of the tourniquet has to be considered. Mitchell sees no advantage in Goyanes' intra-arterial method over the venous infiltration, and an obvious disadvantage in the greater difficulty of find-

ing the artery. The anesthetization of a distant portion of an arm or leg can be well accomplished by the block method, and he notices numerous publications of its successful use, especially those of Braun and Hartel, Bier, Kocher and others. The work of Crile has been of great value. The advantages of local anesthesia are nowhere better shown than in the surgery of the aged. The combined method with nitrous oxid has been found to be very useful in fracture cases, and in hernia he does not consider old age a contra-indication. Hernias of all varieties, except in very young children, are, he thinks, best done under local anesthesia and he mentions two cases, one in a man of 98 and another in a woman of 84, in which it was strikingly successful. He says that in his paper he has by no means exhausted or done justice to the material afforded by the literature of the last few years, but has tried to give some idea of the general progress, to point out some of the possibilities and show the degree of perfection that may be attained. The technic cannot be mastered without practice. The details should be learned by daily experience, where absolute success is not so imperative.

The Charleston County Medical Association held its anual meeting at the Hospital and Training School for nurses November 6th, 1913, when the following officers were elected:

Dr. Wm. H. Johnson, President.

Dr. R. U. McClennan, Vice-President.

Dr. W. M. Thorne, Treasurer.

Dr. M. M. Edwards, was re-elected Secretary.

Aarrangements for building an annex to Hospital and Training School for Nurses were submitted. Physicians were assigned to secure donations to furnish the new rooms to be built.

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THE NEGRO IN MEDICINE

By J. A. KENNEY, M. D.

Tuskegee Institute, Alabama

A booklet of sixty pages, in addition to thirty-two half-tone portraits, etc. A lucid description of what the Negro has been able to accomplish in Medicine and Surgery. In combination with the Journal, or by subscription, Price \$.50 per copy. With the Journal National Medical Association, \$1.75

SEE THE FOLLOWING COMMENTS:

The copy of the "Negro in Medicine" sent to me by you, was highly appreciated. Not only did I read it through, but I studied it very carefully, and in my opinion, the worthy author could not have thought of anything better to place before the public than this grand and true statement of the worth of the Negroes in this beautiful and most necessary profession to humanity. May God keep you to continue in these useful works.

(Signed) W. K. INGRAM, D. D. S.,
Mayor, Bluefields, Nicaragua, C. A.

Please accept my thanks for the copy of "The Negro in Medicine." It is a compilation which will be of great use to all interested in the progress of the Negro race, and represents, I am sure, a great deal of painstaking research.

(Signed) LEANORA E. HERRON,
Librarian, Hampton N. and A. Institute, Hampton, Va.

I am highly pleased with the publication, and you deserve great credit for such splendid production. Only by such can the Negro physician be placed in his true light before the American people.

(Signed) J. R. LEVY, M. D.,
Florence, South Carolina.

The history of the "Negro in Medicine" reached me safely, and I thank you for it in the heartiest fashion. Surely it will find a place in my collection of Negroids. It has much information set in an attractive form and should prove of rare value to the Medicos of this day.

Again thanking you, I am,

(Signed) W. C. BOLLIVAR, M. D.,
Philadelphia, Pennsylvania.

Comments on **THE NEGRO IN MEDICINE**

I was delighted to find in the mail awaiting my attention a copy of "The Negro in Medicine." I appreciate your sending this very much, and I would like to enquire if you could send me four more copies. This is a commendable book and you deserve great credit for the vast amount of work you have put into it.

(Signed) CHARLES F. MESERVE, M. D.,
President, Shaw University, Raleigh, North Carolina.

I received the copy of "The Negro in Medicine." I am well pleased with it. Its literary style as well as typographical excellence is superior to anything I have seen along these lines.

(Signed) A. W. DUMAS, M. D.,
Natchez, Mississippi.

I want to thank you for writing the "Negro in Medicine. It gives a comprehensive information that is very creditable, timely and inspiring to us young members of the profession. In fact it is a real stimulus for greater and better work.

(Signed) S. SPEARING CAMPBELL, M. D.,
Jacksonville, Florida.

I hereby beg to acknowledge the receipt of a copy of your "Negro in Medicine." I have, with a great deal of pleasure, read the book and feel free in saying that you have done yourself and the race proud. Your little book shows to the most pessimistic reader that all the Negro needs is a chance and if he were given that chance there are no heights too steep for him to climb, and no tasks too hard for him to overcome.

(Signed) J. G. SHELTON, Editor,
Messenger, Charlottesville, Virginia.

Many thanks for your booklet. It is indeed an interesting article of valuable information, for which you are entitled to much praise.

(Signed) G. N. WOODWARD, M. D.,
Fort Valley, Georgia.



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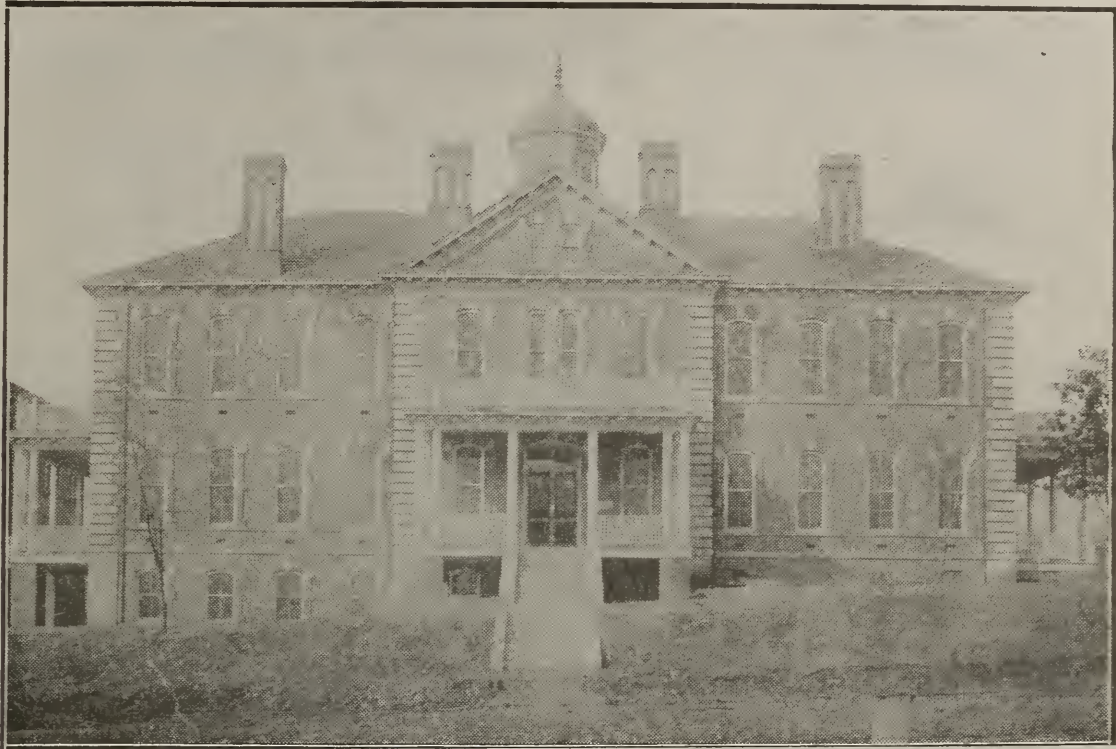
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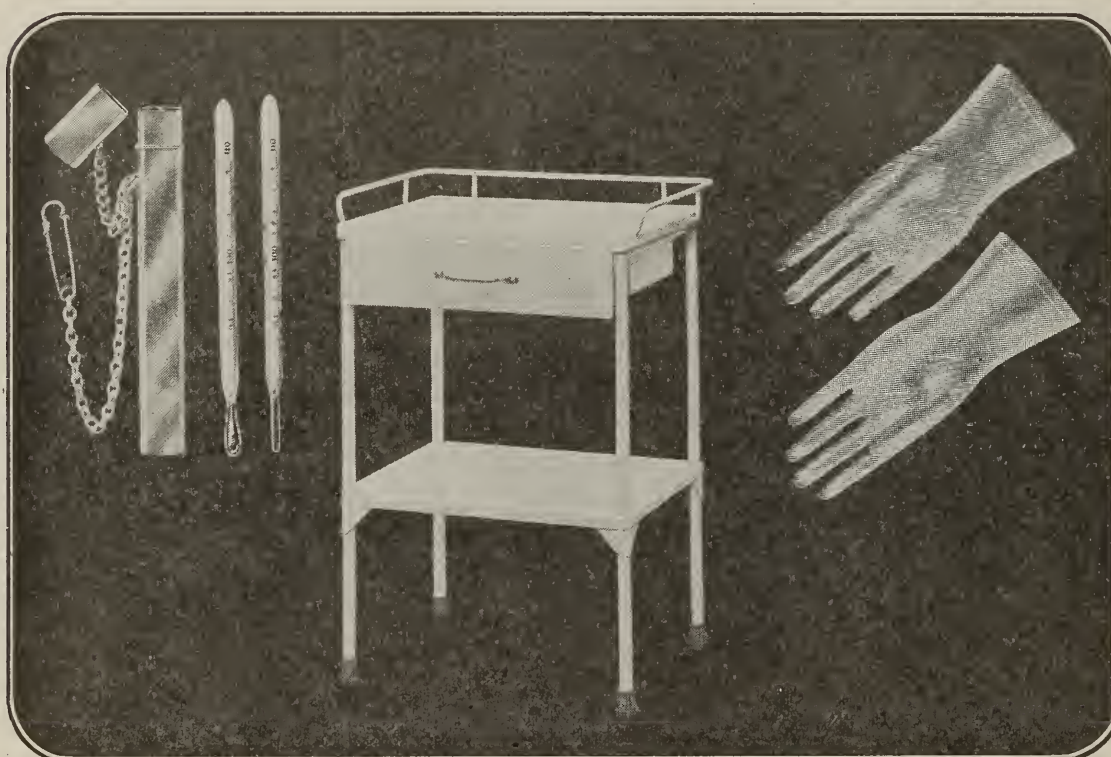
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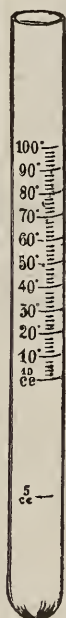
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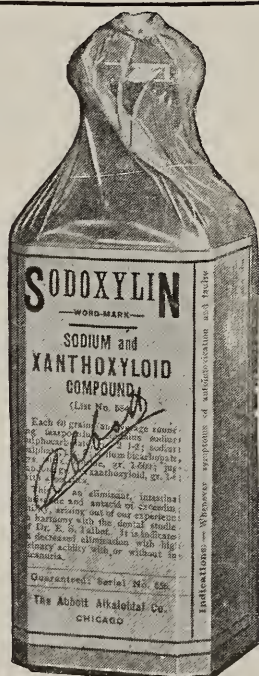
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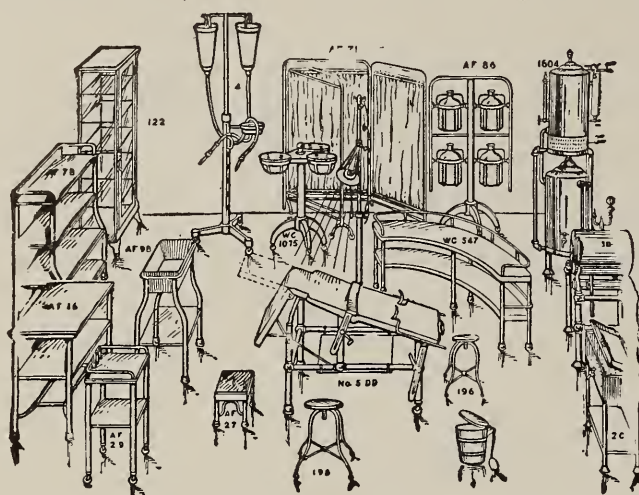
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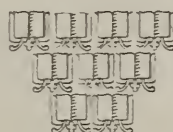
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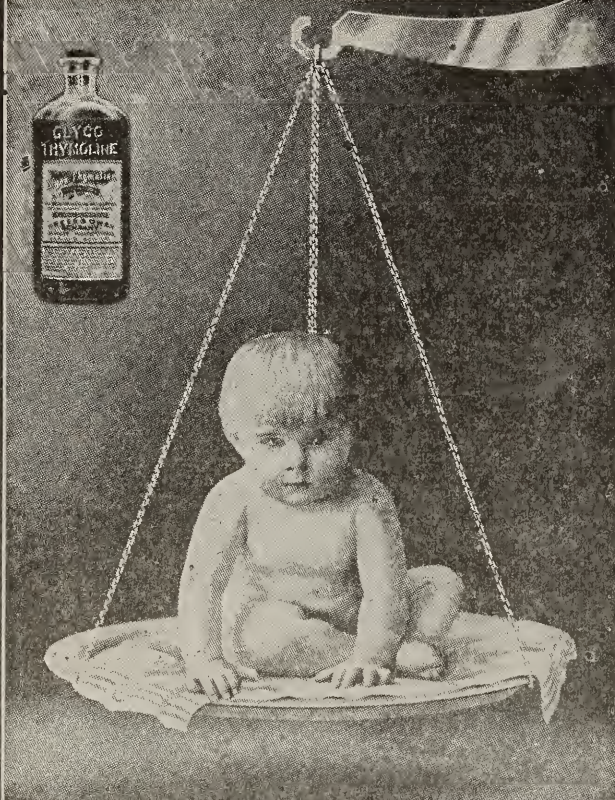
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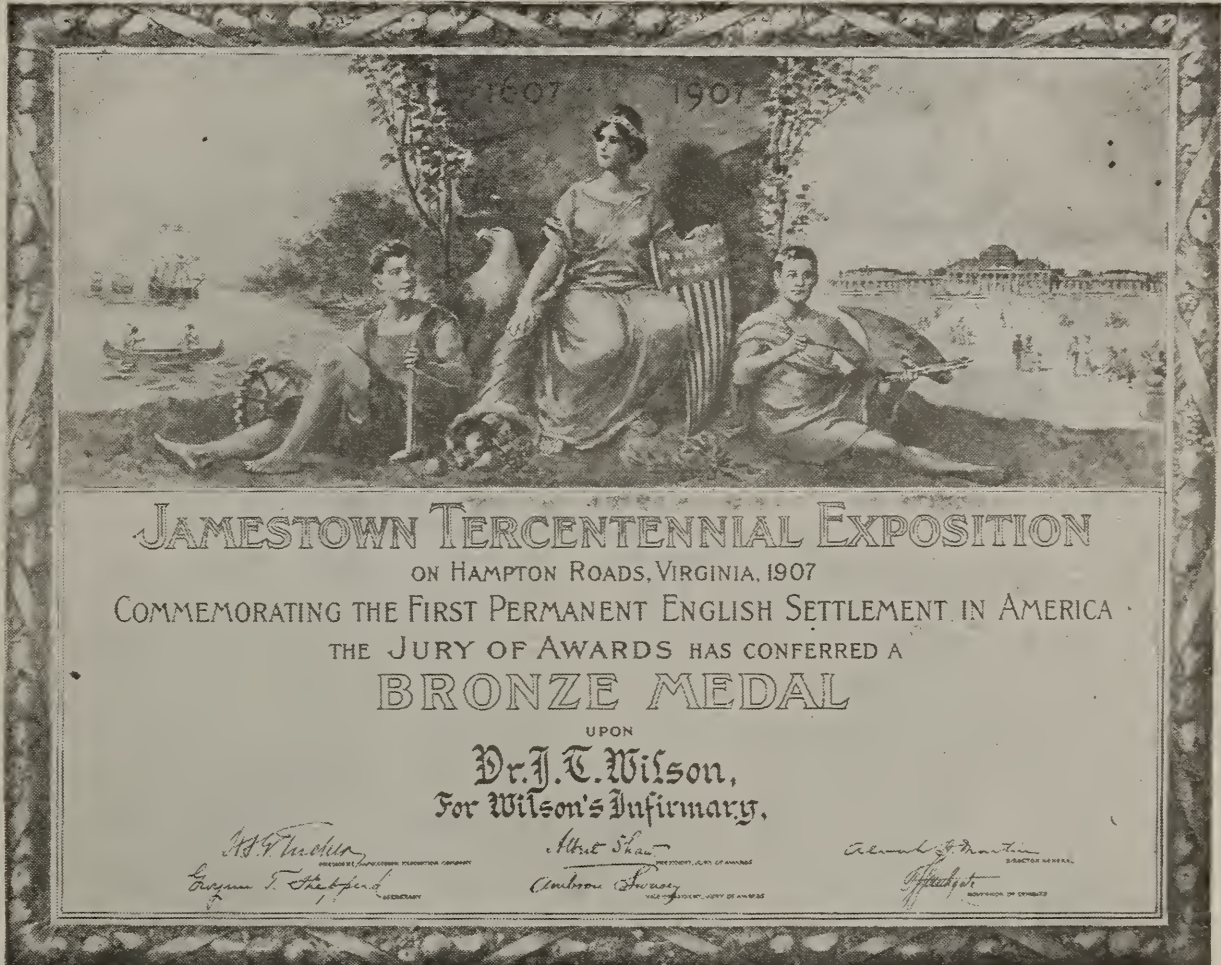
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